هیلتھ لیکچرز

1/2

فکرِ سلطان

سیریز دوم: غذا اور صحت

ڈاکٹر سلطان محمود

کتاب کا سٹیٹس

نمبر شمار	عنوان	کمنٹس
1	کور پیجیز	
2	فہرست مضامین	
3	مضامین کی درجہ بندی	
4	مواد کی درستگی	
5	گرامر اور زبان	
6	گمشدہ مواد	
7	غلطیوں کی اصلاح	
8	سرخیاں (مستقل سطح اور ترتیب)	
9	خطوط (فونٹس۔ مستقل مزاجی اور درست استعمال)	
10	حروف کا سائز (عنوانات، سرخیاں، متن)	
15	رنگ (متن اور ڈیزائن عناصر)	
16	صفحہ نمبرنگ	
17	حاشیے (مستقل اور ترتیب کے مطابق)	
18	سرخی اور پانوشت (ہیڈر اور فوٹر)	
19	ساخت اور ترتیب	
20	حوالہ جات	

ہیلتھ لیکچرز 1

(مصنف: ڈاکٹر سلطان محمود)

Health Lectures 1

BY: DR. SULTAN MAHMOOD

ڈاکٹر سلطان محمود، مینیجنگ ڈائریکٹر
ایکوکیئر کنسلٹنسی سروسز (ای سی ایس) پرائیویٹ لمیٹڈ

Managing Director
ECOCARE CONSULTANCY SERVICES (ECCS) PVT. LTD.
www.ecocare.pk

فکرِ سلطان

(مصنف: ڈاکٹر سلطان محمود)

FIKAR-E-SULTAN

BY: DR. SULTAN MAHMOOD

ڈاکٹر سلطان محمود، مینیجنگ ڈائریکٹر
ایکوکیئر کنسلٹنسی سروسز (ای سی ایس) پرائیویٹ لمیٹڈ

Managing Director
ECOCARE CONSULTANCY SERVICES (ECCS) PVT. LTD.
www.ecocare.pk

بسم الله الرحمن الرحيم

In the name of Allah,
the Most Beneficent,
the Most Merciful

انتساب

Dedicated to the one I love in the Quest of truth.

میری فکر اس کے نام جس سے میں سچ کی تلاش میں آج بھی پیار کرتا ہوں۔

فکرِ سلطان: جملہ حقوق

جملہ حقوق بحق ناشر محفوظ ہیں

سیریز	فکرِ سلطان (10 سیریز)
مصنف	ڈاکٹر سلطان محمود
ناشر	ایکوکیئر کنسلٹنسی سروسز (ای سی ایس) پرائیویٹ لمیٹیڈ
پبلیشر	مارول سسٹم
نظرِثانی	انعم عروج
اشاعت	2024

فکرِ سلطان : فہرست سیریز

نمبر شمار	عنوان	کل کُتب
1	سیریز اول: ہڈ بیتی	12
2	سیریز دوم: غذا اور صحت	30
3	سیریز سوم: حیوانات برائے انسانی غذا	13
4	سیریز چہارم: ماحول و موسمی تبدیلی	31
5	سیریز پنجم: غذائی تحفظ	06
6	سیریز ششم: دیہی ترقی	01
7	سیریز ہفتم: سماجی رویئے	04
8	سیریز ہشتم: طنز و مزاح	10
9	سیریز نہم: شعر و شاعری	02
10	سیریز دہم: تصویری مسافت	01
--	**کل کُتب**	110

تعارف: فکرِ سلطان سیریز

ڈاکٹر سلطان محمود نے اپنی نصف صدی کی کاوش کو سائنسی انداز میں تحریکی کارکن بن کر چلایا نیز غذائی تحفظ ایک کی عالمی خود مختار تحریک کو مقامی رہنما کے طور پر پاکستان میں ایک غیر معمولی موڑ دیا ہے جس کے نتیجے میں ان کے افکار اور عملی جدوجہد نے 'فکر سلطان' جیسی ایک طاقتور دستاویزی سیریز جنم دی ہے۔ اس میں وہ اپنی آدھی صدی کی شبانہ روز کی ہمَہ جِہَت کوشش کو شاندار کہانی کے طور پر بیان کرتے ہوئے اہم معلومات سے بھری وہ تاریخ بھی بیان کر رہے ہیں جو ملک عزیز کے غیر مستحکم حالات کے باوجود مقامی اور نچلی سطح کے مسائل کو قومی اور عالمی سطح پر کچھ اس انداز سے اٹھالے جاتے ہیں کہ جہاں وہ حیاتیاتی تنوع یا بائیوڈائیورسٹی کی ہئیت تبدیل کئے بغیر کارپوریٹ تسلط کے ساتھ جنگ کرتے نظر آتے ہیں۔ یہاں یہ بھی واضح ہو جاتا ہے کہ ڈویلپمنٹ مافیا کے خلاف کس طرح نچلی سطح کی لڑائی کو اٹھا کر قومی اور عالمی سطح پر لے جایا جاتا ہے۔ ان کی یہ سوچ بھی قابل داد ہے کہ دنیا بھر میں مقامی سطح کی کمیونٹی ہمیشہ مقدس اور خود مختار ہونی چاہیئے تاکہ وہ اپنے علم اور حقوق کو حاصل کر کے مستقبل کی دنیا کی حقیقی کہانی کا نقشہ ترتیب دے سکے۔ ڈاکٹر صاحب کا یہ سفر مندرجہ ذیل دس سیریز پر مشتمل ہے۔

سیریز اول: ہڈبیتی

ایک شاندار اور سمجھدار دماغ، شفاف کردار، شاعرانہ روح اور نچلی سطح کی تنظیموں میں مہارت حاصل کرنے کی صلاحیت رکھنے والے ڈاکٹر سلطان محمود نے ملکی ترقی کے مسائل اور تحریکوں کے سب سے زیادہ موثر اور محبوب لیڈروں کے جھرمٹ میں اپنا مقام حاصل کیا ہے۔ ان کو ملے غیر معمولی قدرتی تحائف میں ایشیا، یورپ، امریکہ، تین بر آعظموں کی سات جامعات سے حاصل شدہ اعلی ترین تعلیم و تربیت کی بنیاد پر انسان کی غذائی ضروریات اور قدرتی ماحول کے درمیان گہرے تعلق کا ادراک ہے۔ غذائے انسانی میں استعمال ہونے مویشیوں، ماحولیات اور انسانی صحت کے بارے میں وہ آزادانہ گہری تفہیم بھی شامل ہے جو ملکی رویوں کی زبوں حالی کے باعث ہمیشہ زوال پذیر رہی ہے۔ وہ جانتا ہے کہ مطلق العنان سیاسی اور پدرسری نظام سے کس طرح کی حکمت سے جنگ لڑ کر جیتی جاتی ہے اور کیسے انسانیت اور تخلیق دونوں کو یکجا کیا جا سکتا ہے۔ نیز اپنے مخصوص مقاصد کے حصول کے لیے ایک عام سے متوسط گھرانے سے اُٹھ کر 17 سے زائید ممالک میں اپنی صلاحیتوں کا کیسے لوہا منوایا۔ یہ قاری کو ان کی زندگی کے سفر کو پڑھ کر ہی اندازہ ہو گا کہ محدود مالی وسائل سے کوئی بھی لمحہ فروغ گذاشت نہ کرتے ہوئے کیسے، "تبدیلی کا ڈھانچہ بنایا جا سکتا ہے"۔

سیریز دوم: غذا اور صحت

غذائی علاج جیسی اپنی پچھلی مشہور کتابوں کی طرح، مصنف ماحولیاتی حکمت، پرجوش سرگرمی اور بے عیب پیشہ ورانہ سوچ کے ساتھ پھر سے چمک رہا ہے۔ اس سیریز میں مصنف کی نگارشات اس بات کا ثبوت دیتے دکھائی دیتی ہیں جو انسانی خوراک وغذا پر موسمیاتی تبدیلی کے برے اثرات کو کم کرنے کے لیے مقامی اور بین الاقوامی کارپوریٹ سطح کی کوششوں کے لیے کیے جانے ضروری ہیں۔ یہ اس بات کا بھی ثبوت ہے کہ مصنف نے کس طرح حیاتیاتی تنوع کے تحفظ اور کسان برادریوں کے حقوق کے لیے اپنی کوششوں کو حوصلے کے ساتھ جاری رکھا۔ مصنف نے 1997 میں غذا و صحت کے میدان میں چھلانگ لگائی اور پھر اسے اس وقت تک اوڑھنا بچھونا بنائے رکھا جب تک کہ ورلڈ بنک کے راشد القیوم مرحوم کے مشورے کے پیش نظر ڈاکٹریٹ کے بارہ برس بعد پنجاب یونیورسٹی سے ماحولیات کی ڈگری نہیں لے لی۔ اور پھر انسانی غذا کی پیداوار پر ماحول کے اثرات کا تفصیل سے جائزہ لینا نہیں شروع کر دیا۔

سیریز سوم: حیوانات برائے انسانی غذا

غذائی تحفظ کی تخفیفی سائنس تقاضہ کرتی ہے کہ پیچیدہ سائنسی و معاشی معاملات کو ان کی سادہ ترین اشکال میں ڈھال کر انسانی مسائل کو آسان تر بنایا جا سکے۔ تخفیفی سائنس کے تنقیدی اظہاریے جیسا شدید پس منظر رکھنے والا ڈاکٹر سلطان محمود نچلی سطح کی متعدد انجمنوں اور تحریکوں کا ایک سنسنی خیز

موجد، شریک موجد اور کٹڑ حمایتی بھی رہا ہے۔ نیز افزائشِ حیوانات، جنگلات، پانی اور کسان تنظیموں کے تحفظ کی ان تمام ضروری تحریکوں کا روح رواں بھی ہے جو زندہ زرعی معاشرے کا تانا بانا ہیں۔ اور یقین رکھتا ہے کہ اس تانے بانے سے انسانی دنیا کا اہم ترین مسئلہ یعنی بھوک سے نجات والا کپڑا بنا جا سکتا ہے۔ اس مقصد کو حصول میں اس کی جس مضمون نے سب سے زیادہ رہنمائی کی وہ ان کے گریجوایشن کے مضامین تھے۔ جنہوں نے انسانی غذا میں شامل چالیس فی صد جزو جو حیوانات سے حاصل ہوتا ہے، اس کا ادراک گہرا کیا۔ گوشت، دودھ اور انڈے کی پیداوار اور پھر متناسب پیداوار انسان کو بھوک کے المیے سے دوچار نہیں ہونے دیتی۔

سیریز چہارم: ماحول و موسمی تبدیلی

ڈاکٹر سلطان محمود کی زندگی کی کہانی ماحولیات، سماجی سیٹ اپ اور گورننگ سنٹی کو بچانے کی جدوجہد کی وہ زندہ مثال ہے جس میں نصابی اور زمینی حقائق دونوں کام آئے۔ وہ اپنے سیارے کے ماحولیاتی نظام کے کام اور ضرر رساں کارٹیل اور اس کے حامیوں کے تباہ کن اثرات کو گہرائی سے سمجھتا ہے۔ اس کتاب کو پڑھنا ان گہرے مسائل کے اسباب کے بارے میں قاری کے ذہن کو کھولے گا جس میں چند لوگ اپنے برے اعمال کی وجہ سے اکثریت کو دھکیل رہے ہیں نیز اس کے مطالعے سے قاری کو حکومت کے طاقتور تکبر سے نکل کر کسان کی طرف پلٹنے کی امید اور حوصلہ ملے گا۔ یہ خوبصورتی سے لکھی گئی یادداشت ایک زبردست داستان ہے جو زمین، زندگی اور ہمارے قیمتی سیارے کی سالمیت کی خواہش رکھنے والے ہر فرد کو پتا ہونی چاہیے۔ مغربی کارپوریٹ سیکٹر کے ESG کی جانب کاروباری جھکاؤ سے مصنف نے جو کچھ امریکہ، یورپ اور خلیجی ممالک سے سمجھا، وہ

اس نے اپنے ایکو کیئر بزنس اور سوشل میڈیا آگاہی والے گروپس اور چینل کے ذریعے آنے والی نسل کو پوری طرح سے آگاہ کر دیا ہے۔ اس سیریز کا 30 کُتب کی شکل میں مخطوطہ بڑی تفصیل سے واضع کرتا ہے کہ جونہی ملک کو کارپوریٹ کلچر کے ذریعے ترقی کی جانب غیر متوازن انداز میں دھکیلا جاتا ہے تو وہ کس طرح ہمارے مجموعی سماجی ڈھانچے کو متاثر کرتا ہے۔ اس سے ملک میں ایک غیر متوازن ماحولیات اور سماجی جنگ چھڑ جاتی ہے۔ جو بالآخر وسائل کی نامنصفانہ تقسیم پر منتنج ہوتی ہے۔ ڈاکٹر صاحب نے اپنے تیئں تمام ماحولیاتی پراجیکٹس میں قابل کاشت زمین، انسانی روزگار اور گرم ہوتے ہوئے کرہءزمین کے باعث گلیشیئر پگھل کر طوفانی انداز اختیار کرنے جیسے مضامین کو کافی گہرائی سے دیکھا ہے۔ نیز اس سیکٹر میں پورا جذب ہونے کے لیے اپنی سرکاری نوکری سے قبل از وقت ریٹائرمنٹ لے کر نیسپاک جیسی قومی و عالمی ایجنسیوں کے ماحولیاتی پروگرام کا جارحانہ حصہ بن کر انسانی غذا کی تخفیفی سائنس سے بھرپور کام لیا ہے اور چار سو سے زائید ماحولیات پراجیکٹس کو کامیابی سے ہمکنار کر کے ملک کے عوام اور حکومت کے کام کو نہائیت آسان بنادیا ہے۔

سیریز پنجم: غذائی تحفظ

ڈاکٹر سلطان محمود کی ذاتی کاوشوں کا سارا نچوڑ صرف "غذائی تحفظ" کے ارد گرد ہی گھومتا ہے۔ جسے اصولی طور پر اولین سیریز میں جگہ ملنی چاہیے تھی، لیکن تخفیفی سائنس کا خوگر ہونے کے باعث انہوں نے مناسب جانا کہ پہلے ان اوامر کا ذکر کیا جائے جو غذائی تحفظ یا عدم تحفظ کا باعث بنتے ہیں۔ تبھی انہیں نے اپنے فکری سفر کا آغاز اپنے پسندیدہ مضمون (سیریز دوم غذا و صحت) سے شروع کرنا

مناسب جانااور انسانی صحت پر غذا کی ضروریات اور اثرات کا شروع میں جائزہ پیش کر دیا۔یعنی باالفاظ دیگر اپنی فکر کی بنیاد انسانی جبِلّت بھوک پر رکھی۔ پھر مناسب انسانی صحت بر قرار رکھنے کے لیے مناسب غذا کی پیداوار، سپلائی چین، قوتِ خرید اور جسمانی ضروریات پر رکھی۔ دھیرے دھیرے اس تخیل کو راسخ کر لینے کے بعد وہ اپنے بنیادی مضمون یعنی ان حیوانات کی جانب پلٹے جو انسانی خوراک میں دودھ، گوشت اور انڈے کی شکل میں روزانہ کی ضرورت کا چالیس فی صد پر مشتمل ہے۔اس منطقی تعلق سے ان کی فکری گہرائی کا اندازہ لگانا چنداں مشکل نہیں کہ اگر بہترین اور مناسب ماحولیاتی انتظامات کر کے پانی کے ذرائع پر بحث مکمل کر لی جائے تو یہ غذائی تحفظ کی ایک ایسی گارنٹی ہے جو افزائشِ حیوانات کے ذریعے انسانی صحت کی ضامن ہے۔ یہاں یہ بھی واضع ہو جاتا ہے کہ شدید سیلاب ہر سال جو حیوانات کی تباہی لاتے ہیں ان پر موئثر قابو پا کر انسان کم سے کم چالیس فی صد غذائی ضروریات کو تو یقینی بنایا جا سکتا ہے۔ ان کی یہ منطقی سوچ یورپ اور امریکن جامعات کی فلاحی سائنسیز پر کام کر کے پیدا ہوئی۔ گو کہ ڈاکٹر سلطان محمود کے تیکنیکی کام میں سب سے کم کتب اسی غذائی تحفظ سیریز کا حصہ بنیں لیکن حقیقت بھی یہی ہے کہ عظیم تحقیقات اور کاوشوں کا خلاصہ ہمیشہ مختصر ہوتا ہے۔

سیریز ششم: دیہی ترقی

ویسے تو حیوانات کی افزائش ایک دیہی موضوع ہے جہاں ہمارا 70 فی صد کسان اپنا خون جلا کر صبح شام انسانی غذائیں پیدا کرتا ہے۔ لیکن ہمارے ہاں کے غیر متوازن دیہی ترقی کے میدان کی بجائے ہمیشہ شہری ترقی و سہولیات کو اولیت حاصل رہتی ہے۔ جس نے ایک جانب اگر غذائی عدم تحفظ کا

خطرہ مول لے لیا ہے تو دوسری جانب شہر کی طرف نقل مقانی کی عفریت کو بھی جنم دیا ہے۔ ایسے غیر دانشمندانہ حکومتی اقدامات کا نتیجہ ایک ایسی بے ہنگم معاشرتی زندگی کی شکل میں رونما ہوا ہے کہ جس میں حکومت گاؤں چھوڑ کر شہر میں بسنے والوں کے مسائل کو شہری ترقی کی ناکامی کی شکل میں سہہ رہی ہے اور نہ وہ ان کو خدا ہی مل پا رہا ہے اور نہ وصالِ صنم ہو رہا ہے۔ دنیا کے ترقی یافتہ ممالک کو تو خیر چھوڑیں اگر کل کے غریب چین اور بھارت ہی کی مثال لے لیں تو ان کے ہاں غذائی تحفظ شہر و دیہاتی زندگی میں توازن لانے سے ممکن ہوا ہے۔ اور محض بیس برس میں ان دو ممالک کے دو ارب لوگ دن میں ایک کھانے سے دو کھانوں کے قابل ہو گئے ہیں۔ ان دونوں ممالک نے اپنے آبی ذخائر پر ہزاروں ڈیم بنا دیئے ہیں جن سے وہ نہ صرف غذائی تحفظ یقنی بنا رہے ہیں بلکہ اپنی توانائی کی ضروریات بھی پوری کر رہے ہیں۔ حالانکہ عالمی موسمی تبدیلیاں ان پر بھی ویسے ہی اثر انداز ہو رہی ہیں جیسے باقی کرہ ارض پر رونما ہوتی ہیں۔

سیریز ہفتم: سماجی رویئے

ڈاکٹر سلطان محمود اپنے عالمی ایکسپوژر کے باعث خلیجی ممالک میں رواج پا جانے والے حالیہ شعبہ جات میں ماحولیات سے متصلہ کارپوریٹ سیکٹر کی نئی جہت ای ایس جی سے کافی متاثر ہوئے لہذا انہوں نے ملک عزیز کی اس شعبہ میں لاعلمی کو نشانہ بنانے کا فیصلہ کرتے ہوئے اپنی کل نگارشات میں سے سوشل اور گورننس کے شعبہ جات کو ماحولیات کی کتب کے علاوہ خود مختار کتابی درجہ دے دیا اور اس کے لئے انہوں نے سیاست، مذہب، تعلیم، آبادی، تکنیکی تربیت، شہری و دیہی ترقی وغیرہ جیسے اہم موضوعات پر جو کچھ تجربات حاصل کئے تھے اسے اکٹھا کر کے اس سیریز کا حصہ بنا

دیا ہے۔ سابقہ اعتبار سے وہ اپنی نگارشات کو حاصل مطالعہ بھی کہتے ہیں، اس مطالعے کا حاصل جو انہوں نے مغرب سے حاصل کیا اور سنجیدہ عملی و علمی سفر کو اپنے وطن میں بھی لاگو کر سکتے ہیں۔ گو کہ وہ اس بات پر بھی یقین رکھتے ہیں کہ "کامن سینس" اتنی بھی کامن نہیں ہوتی" لیکن امیدً واثق رکھتے ہیں کہ جو نہی عوام خصوصاً کسان میں تعلمی کمی دور ہو گی، سماج میں لازمی بہتری آئے گی۔

سیریز ہشتم: طنز و مزاح

اس جہت پر ڈاکٹر صاحب ایک اتھارٹی ہیں اور خود اپنے اوپر تنقید کرتے ہوئے ایک جگہ لکھتے ہیں کہ میں نے اگر طنز و مزاح کے گڑھ لائلپور یا فیصل آباد میں چوتھائی صدی نہ گزاری ہوتی تو میرے اندر کا اصلاحی جذبہ طنز اور شگفتگی کی شکل میں باہر نہ آتا۔ اس لحاظ سے دیکھیں تو اس سیریز میں نہ صرف سب سے زیادہ کتب ہیں جو ایک منفرد انداز میں مقامی و عالمی سیاست، مذاہب، نیز دیگر سماجی موضوعات پر طنزیہ و فکاہیہ انداز میں تخلیق شدہ تاریخ کا شاندار اور متاثر کن عالمی منظر نامہ پیش کرتی ہیں جسے ڈاکٹر صاحب نے اپنی طنزیہ و فکاہیہ ندرت اظہار کے باعث اسے میٹھا سچ سیریز کا نام دے دیا ہے۔ اس سے بھی بڑھ کر یہ بھی ثابت ہو جاتا ہے کہ مصنف مقامی طور پر قلیل مدتی طاقتوں کی سماجی خرابیوں کے ساتھ ساتھ عالمی سیاست کی خود غرضی کا بھی سامنا کرنے کا حوصلہ رکھتا ہے۔ یہ سیریز ایک شان اور روشنی کے ساتھ بیشمار سیاسی، سماجی اور منطقی حل بھی فکاہیہ انداز ہی میں پیش کرتی ہے۔ مصنف نے ملک کے نمایاں مزاح نگار کرنل محمد خان اور ظفر اقبال کی طرز سے متاثر ہو کر مزاح لکھنے کا آغاز گو کہ کالج لائف سے شروع کر دیا تھا مگر اس انداز کو مہمیز تب ملی

جب وہ نیویارک میں ممتاز صحافی محسن ظہیر کی ادارت میں شائع ہونے والے ہفت روزہ "صدائے پاکستان" سے بحیثیت سب ایڈیٹر منسلک ہوئے۔ نیز انہوں نے لاہور کے چند اخبارات میں اپنے فکاہیہ کالم میٹھا سچ کے نام سے ہی لکھنے شروع کر دیے۔ بقول ڈاکٹر صاحب جگت بازی اور فکاہیہ اندازِ بیان میراثی کو حکومت سے جدا کرتا ہے۔ اور طنزیہ ادب کو سنجیدہ کرتا ہے۔

سیریز نہم: شعر و شاعری

ڈاکٹر سلطان محمود کا بچپن ہی سے شاعرانہ مزاج ہے جسے اظہار کا موقعہ کالج لائف میں کسی ناکام محبت کے جھٹکے سے ملا۔ وہ اپنی جبلت کی افتاد طبع سے خود ہی نالاں بھی تھے جس کی ایک وجہ یہ تھی کہ انہوں نے نہ صرف کبھی کل وقتی شاعر بننا گوارا نہیں کیا بلکہ شاعر کہلوانے سے بھی صاف انکار کرتے ہوئے یہ دلیل اختیار کی کہ میں نے کاغذی شیر بننا کبھی بھی پسند نہیں کیا اور دوسری رکاوٹ ان کی سائنس میں اعلی تعلیم بن گئی جو پاکستان کے علاوہ یورپ اور امریکہ سے حاصل شدہ تھی جہاں شاعروں کو کارآمد اور قابل استعمال وقت کا دشمن سمجھ کر تنقیدی چھلنیوں سے گزارا جاتا تھا۔ اس کے باوجود تین چار برس میں عروض سمجھے بغیر سینکڑوں غزلیات کہہ دینا شاید ساحر لدھیانوی کی کتاب "تلخیاں" بنی جو عین ناکام عشق کے دوران ان کے ہاتھ لگ گئی تھی۔ ڈاکٹر صاحب چونکہ اپنی ہر نگارش کو بچوں کا سا پیار دیتے ہیں اس لئے انہیں بعض دوستوں نے کلام شائع کرنے پر قائل کر لیا جن میں عروض کی استاد محترمہ کنیز بتول کھوکھر کا بڑا ہاتھ ہے جنہوں نے ڈاکٹر صاحب کی لگ بھگ ایک کتاب کے مواد کو عروض پر بھی ڈھال دیا اور جہلم کے ایک استاد شاعر کاشف بٹ نے

بھی نا قابل تردید مدد کی۔ڈاکٹر سلطان محمود جب اپنی فکر کو تحریری شکل دینے لگے تو انہیں معاصرین نے بے حد مشکل سے راضی کیا کہ وہ اپنے چالیس برس پرانے کلام کو بھی اپنی تحریر میں شامل کریں۔ یہ شاید ڈاکٹر صاحب کی غلطی یا صرف نظر ہی سمجھا جائے گا کہ وہ بہترین کلام غیر ممالک میں تو اردو کمیونیٹی کو تو سناتے رہے لیکن ملک عزیز کے اندرونی حلقوں میں قدم تک نہ رکھا۔ البتہ وہ ہمیشہ اپنے برادر بزرگ ڈاکٹر حسن اختر مرحوم، استاد پروفیسر عظمت اللہ خان مرحوم اور دیگر ادبی مقربین کا ذکر بہت شوق اور محبت سے کرتے ہیں۔

سیریز دہم: تصویری مسافت

بھلا ہو ورلڈ بنک کا جس نے ڈاکٹر سلطان محمود کو تصویری بنک بنانے کی عادت ڈال دی۔ حالانکہ انہوں نے محض دس برس کی عمر میں جیب خرچ بچا کر کوڈک کا دس روپے کا کیمرہ 1967 میں ہی خرید لیا تھا اور اپنے بھائی ہمایوں شوکت کے واحد جس تحفے کی وہ قدر کرتے تھے وہ اس کا امریکہ سے لایا ہوا کیمرہ یاشیکا124 تھا۔ ایسے ہی ان کے استعمال میں وارساپولینڈ میں روسی کیمرے "زینتھ"، جرمن "پیٹنس" اور جاپانی "نیکن" کیمرے بھی رہے لیکن پھر ڈیجٹل کیمروں اور موبائل کیمروں نے تو انہیں نہال ہی کر دیا۔ ان کے پاس بزرگوں کے علاوہ مشاہیر زمانہ کی بیشمار تصاویر بھی موجود ہیں جو ہر وقت ان کے لیپ ٹاپ اور سیل فونز کی سپیس کھاتی نظر آتی ہیں۔ اس مشکل کے ہاتھوں انہوں نے مجبور ہو کر اور میاں وقارالاسلام کی صلاح لے کر فیصلہ کیا ہے کہ اپنی زندگی کی کہانی کی تصویری دسویں سیریز کیس شکل میں بنائیں گے۔

Health Lectures 1

Sr.	Lecture Name	Date	Organization	Page #
1	01 FDRC Bulletin	Dec 06	FDRC	
2	01 Food & Mood	08 Jan 12	Institute of Social Sciences	
3	01 Jang Forum - Heart Diseases	21 May 08	Jang Forum	
4	01 PSFP Conference	25 Dec 05	PSFP	
5	01 Samaj lecture Obesity	18 Dec 06	Qarshi Industries	
6	01 SDWA - To SWO Kot Adu		NGO Feed Well People	
7	01 Water, An Issue of Scarcity, Pollution or Pol	03 June 06	Enviromonitor	
8	01 We Are What We Eat	09 Sep 09	Nespak	
9	02 Alzheimer & Nutrition	07 Apr 12	Institute of Social Sciences	
10	02 Clinical Nutrition at Nespak	24 Oct 10	Nespak	
11	02 High Uric Acid Level	01 Oct 07	Qarshi Industries	
12	02 Jang Forum Food Security	22 Sep 12	Jang Forum	
13	02 Metabolic Diseases	18 July 11	Faiz Ghar	
14	02 WFD, Hotel Ambassador	16 Oct 10	Enviromonitor	
15	03 Controlling MS with Aloe Vera	07 July 08	Qarshi Industries	
16	03 Dietary Approach to Control Metabolic Syndrome	15 Aug 11	Faiz Ghar	
17	03a Controlling MS with Aloe Vera	03 Aug 09	Qarshi Industries	
18	04 Dietary Approach to Control MS	15 Aug 11	Faiz Ghar	
19	04 FDRC Bulletin	Apr 07	FDRC	
20	04 Water Borne Diseases	10 Dec 08	Qarshi Industries	
21	05 Controlling MS with Aloe Vera	03Aug 09	Qarshi Industries	
22	05 FDRC Bulletin	Aug 07	FDRC	
23	05 Returning from Fasting	29 Aug 11	Faiz Ghar	

FOOD & MOOD

Dr. Sultan Mahmood

Chief Nutritionist

First DietCare & Research Center

Lahore, 8th January 2012

Cell: 0321.430.2528

What Serotonin Does?

- Serotonin levels can dramatically **alter our behavior**. Levels too high can lead to sedation, whereas low levels are associated with debilitating psychiatric conditions and sudden infant death syndrome (SIDS).

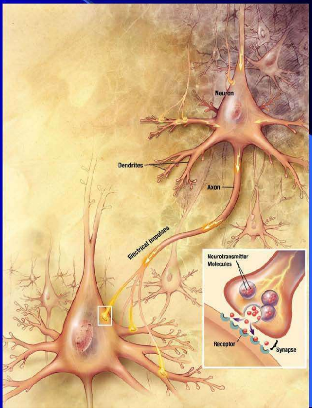
- When **serotonin levels are low, we're more depressed, and when they're high, we're happier**. Many depression drugs target the serotonin system by attempting to artificially boost serotonin levels or sensitivity.

Serotonin in the Gut

Very few know that about **80 to 90 percent of the human body's total serotonin is found in specialized cells in our guts**, not in our brains. In fact, serotonin was tied to food long before it became an important mood hormone. In many species, its directly tied to appetite – deplete serotonin, and they act like they are starving. They hunt for food, put off mating and egg laying, and generally do whatever they can to find another bite to eat.

Connection Between Food and Mood

The Physiology of Nutrition, confirms that **the connection between food and mood is – the serotonin.** It is a neurotransmitter (a chemical) present in the brain, nerve cells & gut and regulates signal intensity.



Serotonin and Nutrition
Foods of Impact

Omega-3 fatty acids, magnesium, tryptophan, folate and other B vitamins (thiamin or B2), low glycemic foods, and chocolate have all been studied to assess their impact on mood. A link between these foods and improved mood is proven.

The highest serotonin & Tryptophan levels are found in:

Greens	Meat	Dairy	Cereals
Walnut	Meat	Milk	Nuts
Pineapple	Turkey	Yogurt	Beans
Banana	Fish	Cheese	
Kiwi	Eggs		
Plum			
Tomato			

Gut Physiology & Serotonin

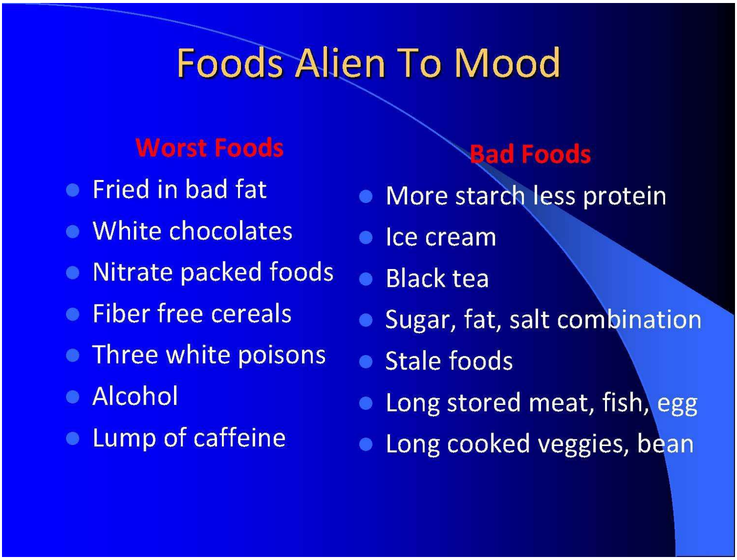
If you eat something that upsets your stomach cells, they release abundant amounts of serotonin. This flood of neurotransmitter causes the gut to empty, leading to diarrhea.

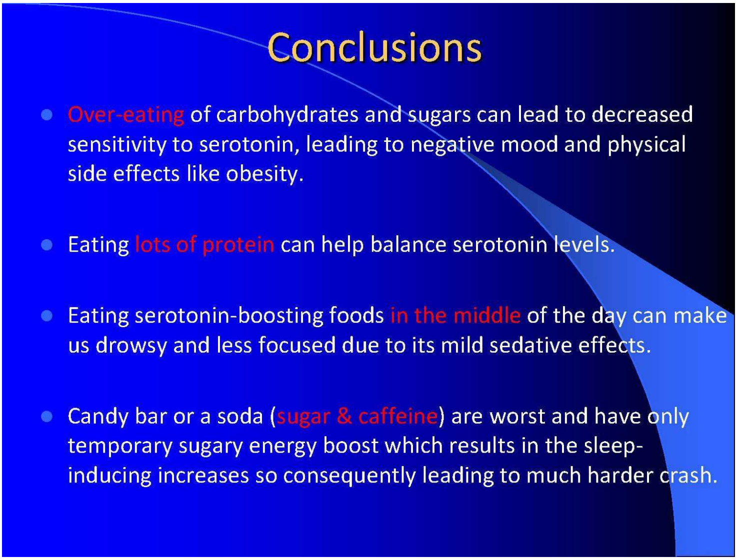
But if the serotonin overflows the gut's management system, it leaks into the blood, where it stimulates 5HT3 receptors in the brain which induces vomiting.

Because of this, some of those anti-depressants, particularly the SSRIs, frequently trigger nausea and vomiting as a side effect.

Factors Affecting the Serotonin Functioning

- Food, diet, way of cooking and eating environment
- Exercise
- Sleep
- Sunshine (more depression in cold & dark winters than shiny, warm summers)
- Self emotions and thinking areas
- Meditation, relaxation & talking to friends
- Counseling


Foods Alien To Mood
Worst Foods
Fried in bad fat
White chocolates
Nitrate packed foods
Fiber free cereals
Three white poisons
Alcohol
Lump of caffeine
Bad Foods
More starch less protein
Ice cream
Black tea
Sugar, fat, salt combination
Stale foods
Long stored meat, fish, egg
Long cooked veggies, bean


Conclusions
Over-eating of carbohydrates and sugars can lead to decreased sensitivity to serotonin, leading to negative mood and physical side effects like obesity.
Eating lots of protein can help balance serotonin levels.
Eating serotonin-boosting foods in the middle of the day can make us drowsy and less focused due to its mild sedative effects.
Candy bar or a soda (sugar & caffeine) are worst and have only temporary sugary energy boost which results in the sleep-inducing increases so consequently leading to much harder crash.

Conclusions....cont

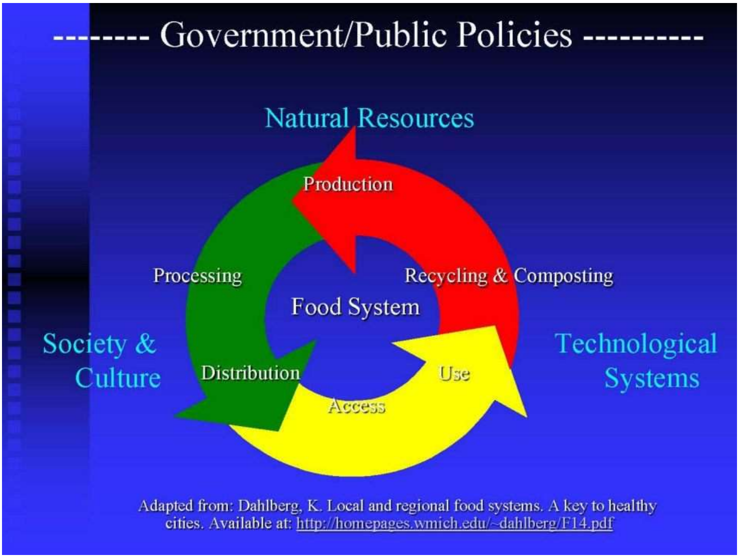
- During winters, walking under the sun or getting away on vacation to somewhere tropical and sunny might be able to naturally boost serotonin levels.
- During summers, walking in the fresh air, sight –seeing, going away to enjoy nature (greenery, oceans, deserts, forests, waterfalls) will also help to boost serotonin.
- Meditation, yoga, charity, social service, talking to friends relieve mood swings through controlling serotonin.
- Thinking positive is the strongest social tool to optimize serotonin supply from the foods.

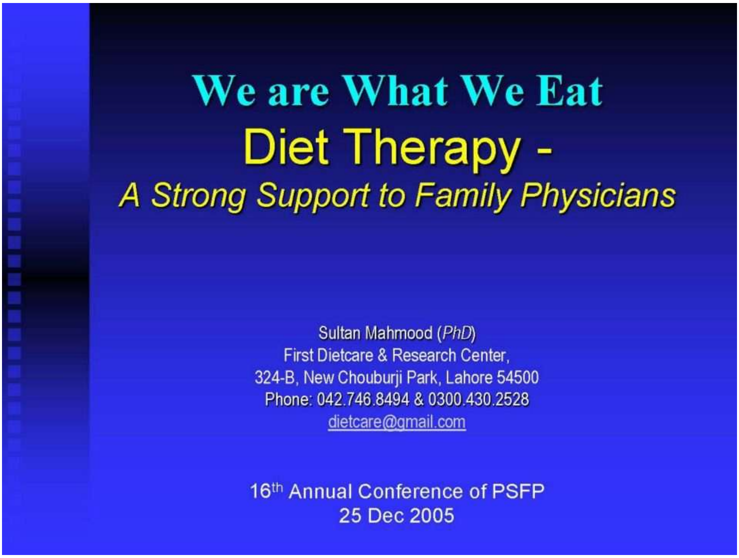
Conclusions....cont

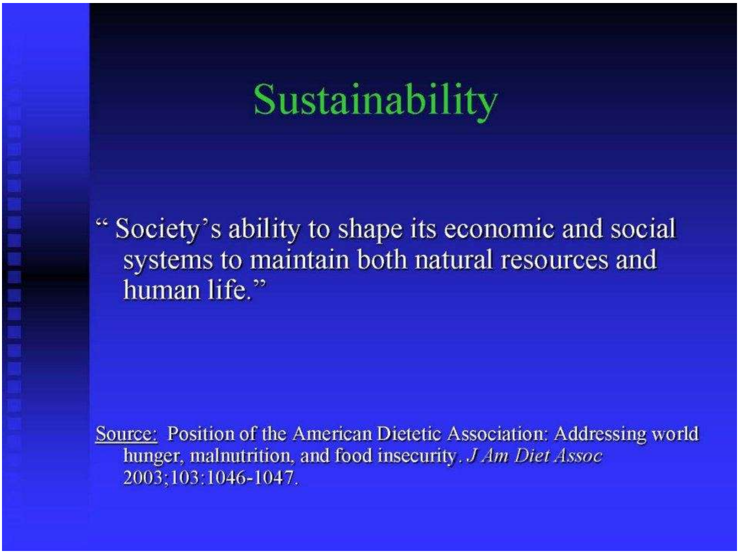
- Sleep and exercise are strongly tied to serotonin.
- Lack of sleeping negatively affects brain's neural signaling and has been shown to desensitize serotonin pathways.
- Exercise is an economical and quick way to regenerate neurons.
- If we are outside lesser than we should be, sleeping odd or too few hours, exercising less, and generally eating poorer, all of these are causing our bodies serotonin levels to get out of control.

Thank You
Queries
Comments?
Queries?
Questions?
Critics?
Case Studies?
Experiences?
Likes/Dislikes?
Feelings Chart
Benefit
Feeling
Impairment
Hurt
Sadness
Loneliness
Fear
Anger
Shame

"What is a food system?"


-------- Government/Public Policies ----------
Natural Resources
Production
Processing
Recycling & Composting
Food System
Society & Culture
Distribution
Use
Access
Technological Systems
Adapted from: Dahlberg, K. Local and regional food systems. A key to healthy cities. Available at: http://homepages.wmich.edu/~dahlberg/F14.pdf


We are What We Eat
Diet Therapy -
A Strong Support to Family Physicians
Sultan Mahmood (PhD)
First Dietcare & Research Center,
324-B, New Chouburji Park, Lahore 54500
Phone: 042.746.8494 & 0300.430.2528
dietcare@gmail.com
16th Annual Conference of PSFP
25 Dec 2005


Sustainability
" Society's ability to shape its economic and social systems to maintain both natural resources and human life."
Source: Position of the American Dietetic Association: Addressing world hunger, malnutrition, and food insecurity. J Am Diet Assoc 2003;103:1046-1047.

Summary of key trends threatening the sustainability of the US food system (cont'd)

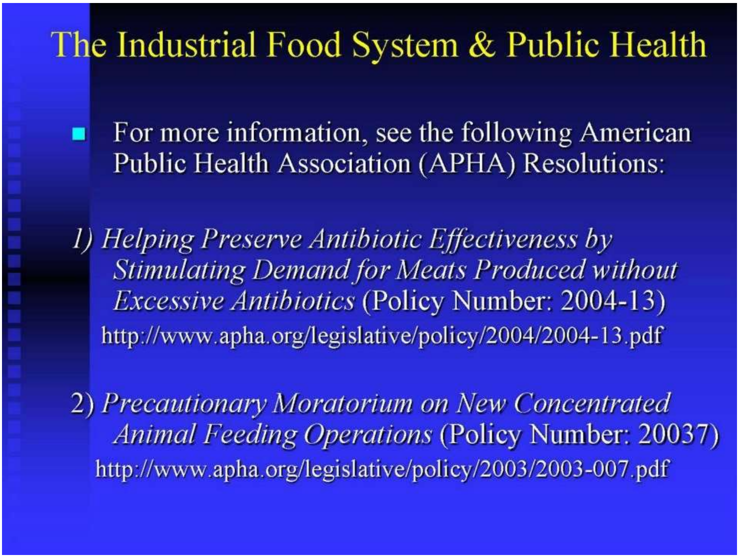
	Economic	Social	Environmental
Consumption	-Costs of diet-related diseases increasing	- Obesity rates rising - Diet deviates from nutritional recommendations	- 26% of edible food wasted

Source: Heller, M.C., Keoleian, GA. Assessing the sustainability of the US food system: A life cycle perspective. *Agricultural Systems* 2003;76:1007-1041

The Industrial Food System & Public Health

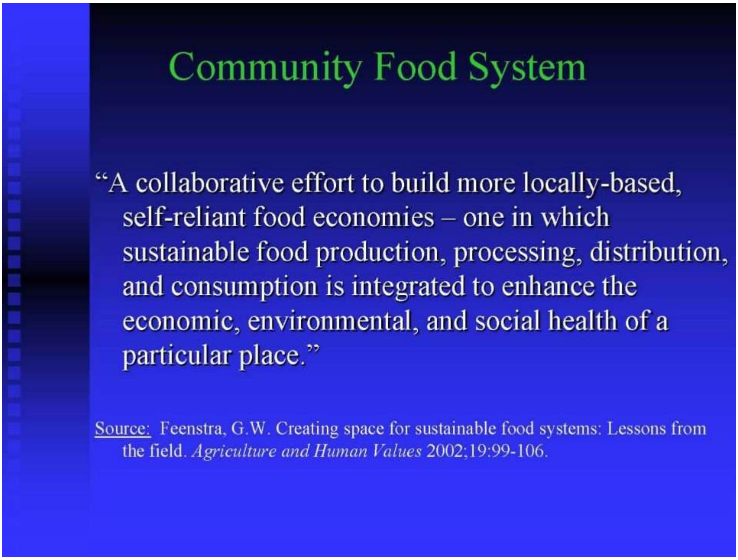
- Pollution from factory farms is harming the health of both workers and residents living downstream or downwind from these operations.
- New strains of foodborne pathogens (e.g., *Listeria* & toxigenic *E. coli*) have emerged in recent years, and long recognized pathogens have been causing more widespread harm
- The non-medical use of antibiotics in animal agriculture may be threatening the effectiveness of antibiotics in treating human disease by creating selective pressure for the emergence of antibiotic resistant bacteria

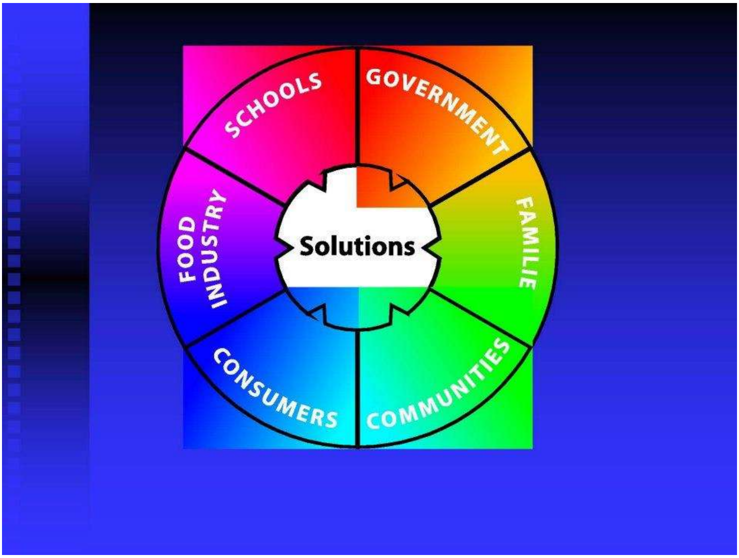
Source: Horrigan, L, Lawrence, RS, Walker, P. How sustainable agriculture can address the environmental and human health harms of industrial agriculture. *Environmental Health Perspectives* 2002;110(5):445-456.

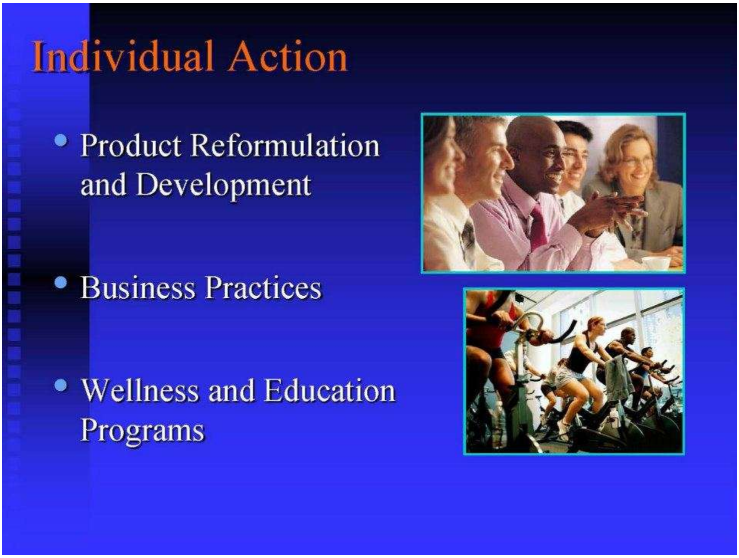

The Industrial Food System & Public Health
For more information, see the following American Public Health Association (APHA) Resolutions:
1) *Helping Preserve Antibiotic Effectiveness by Stimulating Demand for Meats Produced without Excessive Antibiotics* (Policy Number: 2004-13)
http://www.apha.org/legislative/policy/2004/2004-13.pdf
2) *Precautionary Moratorium on New Concentrated Animal Feeding Operations* (Policy Number: 20037)
http://www.apha.org/legislative/policy/2003/2003-007.pdf

Sustainable Agriculture
"Sustainable agriculture is a model of social and economic organization based on an equitable and participatory vision of development which recognizes the environment and natural resources as the foundation of economic activity."
Madden, JP, Chaplowe, SG, eds. *For All Generations: Making World Agriculture More Sustainable.* Glendale, CA: World Sustainable Agriculture Association; 1997.

3-Stage Continuum to Improve Nutrition and Health Based on a Food Systems Approach
Stage 1: Initial Food Systems Change
Stage 2: Food Systems in Transition
Stage 3: Food Systems Redesign for Sustainability
Adapted from: McCullum, C., Desjardins, E, Kraak, V. et al. Evidence-based strategies to build community food security. J Am Diet Assoc 2005;105(2):278-283.


Community Food System
"A collaborative effort to build more locally-based, self-reliant food economies – one in which sustainable food production, processing, distribution, and consumption is integrated to enhance the economic, environmental, and social health of a particular place."
Source: Feenstra, G.W. Creating space for sustainable food systems: Lessons from the field. Agriculture and Human Values 2002;19:99-106.

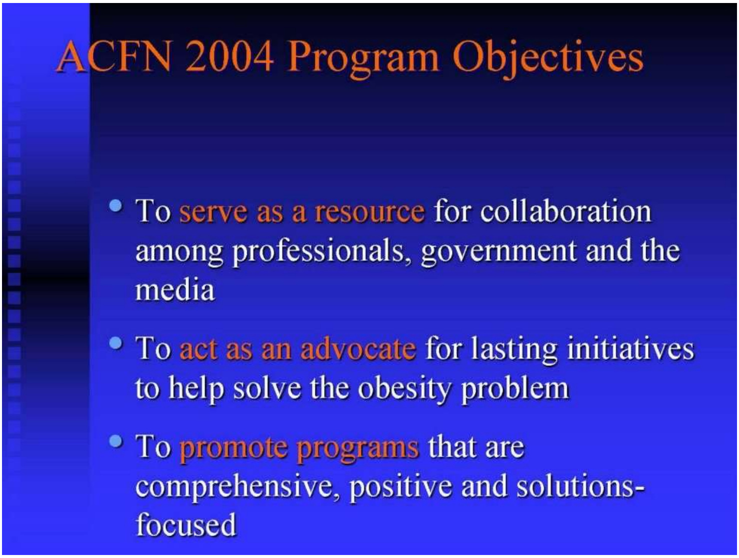

SCHOOLS
GOVERNMENT
FAMILIE
COMMUNITIES
CONSUMERS
FOOD INDUSTRY
Solutions

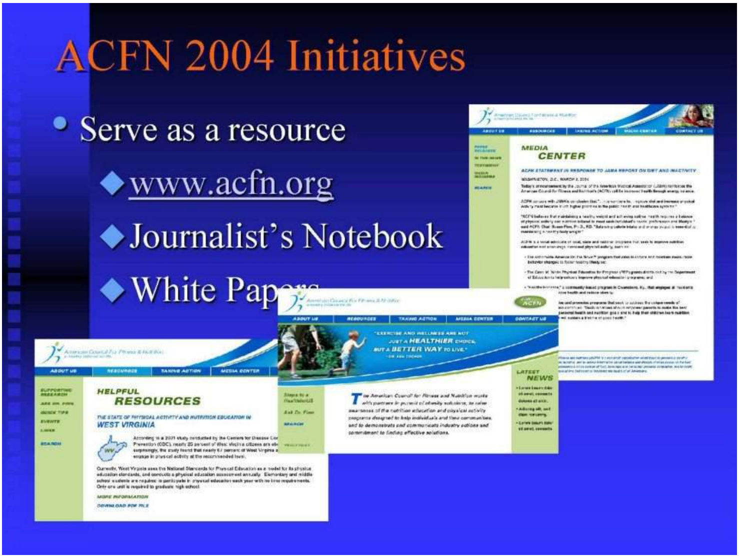

Individual Action
• Product Reformulation and Development
• Business Practices
• Wellness and Education Programs

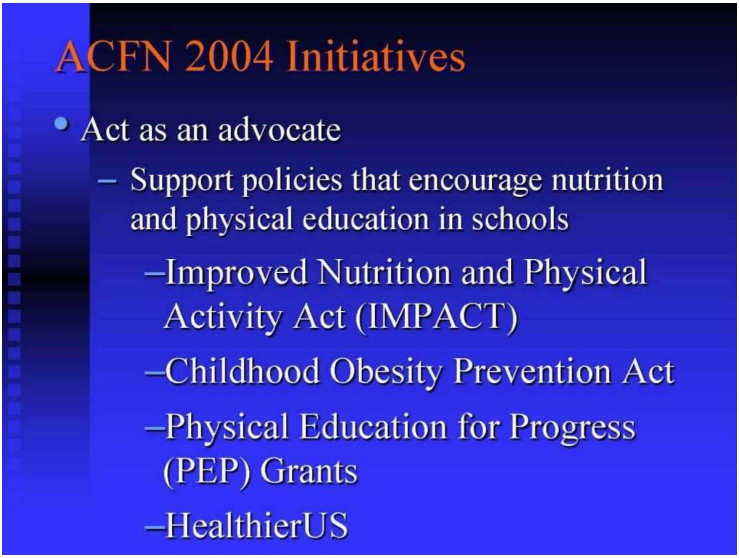
Collective Action
American Council For Fitness & Nutrition
a healthy balance for life.
A non-profit organization supported by the food and beverage industry; guided by a distinguished board of authorities in nutrition, health, fitness, education and research; and dedicated to advocating sustainable solutions to achieving a health balance for life.
Broad-based
Inclusive
Solutions-focused

Who Is ACFN?
83 Member organizations and growing
27 Advisory Board professionals
16 Executive Board members
WomenHeart
LULAC
NATIONAL ORGANIZATION OF BLACKS IN DIETETICS AND NUTRITION
25 ANNIVERSARY 1979 · 2004
HISPANIC HERITAGE AWARDS FOUNDATION®
League of American Bicyclists

Kraft Foods
Developing an array of healthier products:
Nabisco 100 calorie packs
Numerous trans fat free products
CarbWell salad dressings
Balance GoMix
KRAFT
Healthy Living
Set criteria for Kraft products sold in School vending machines


ACFN 2004 Program Objectives
To serve as a resource for collaboration among professionals, government and the media
To act as an advocate for lasting initiatives to help solve the obesity problem
To promote programs that are comprehensive, positive and solutions-focused


ACFN 2004 Initiatives
Serve as a resource
www.acfn.org
Journalist's Notebook
White Papers
MEDIA CENTER
HELPFUL RESOURCES
WEST VIRGINIA
LATEST NEWS

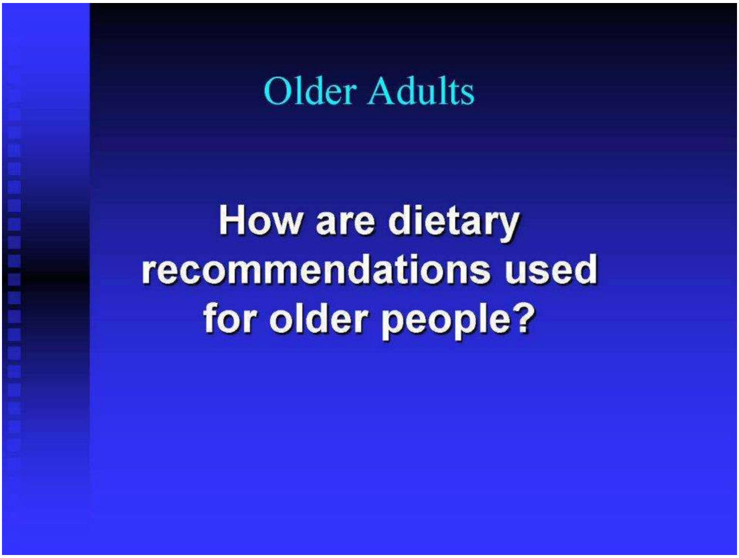

ACFN 2004 Initiatives
Act as an advocate
– Support policies that encourage nutrition and physical education in schools
–Improved Nutrition and Physical Activity Act (IMPACT)
–Childhood Obesity Prevention Act
–Physical Education for Progress (PEP) Grants
–HealthierUS

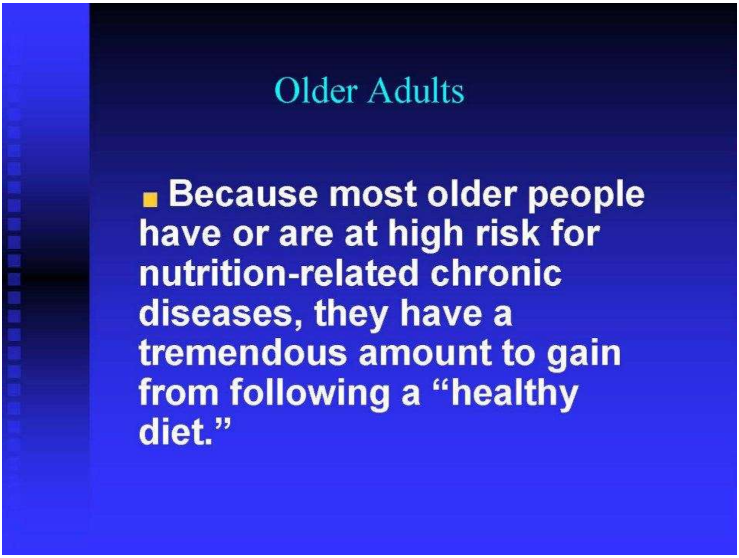
Outreach to Women
Comprise 51% of the population.
Make 75% of all household healthcare decisions.
Are the primary food shoppers in 75% of households.
Comprise 70% of pharmacy customers.

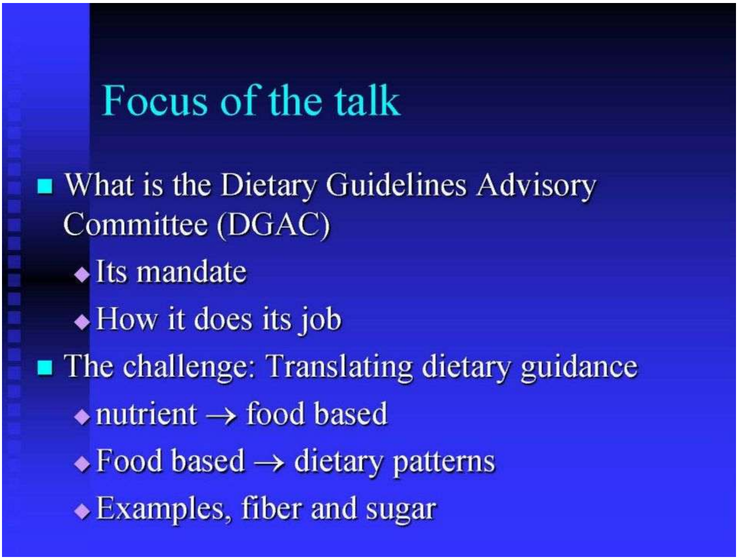
What It Takes to Make a Product or Program Successful
Sound Science
Strong Promotion
Consumer Demand

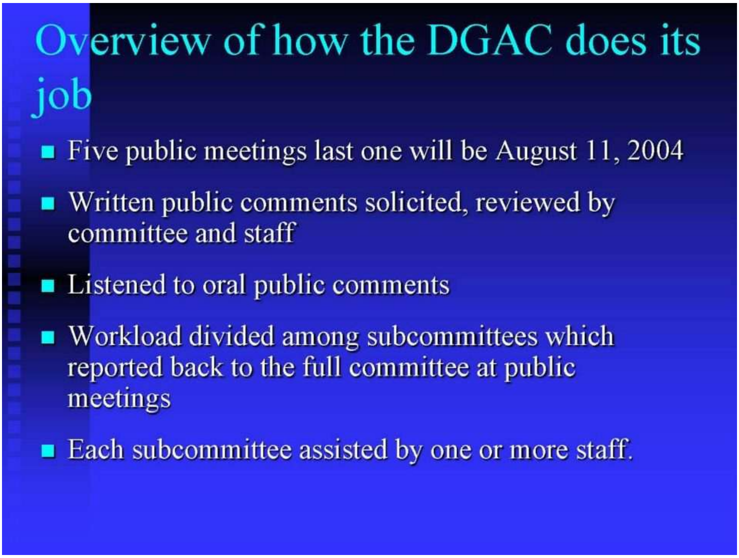
What Are the Partnership Opportunities for SNE and ACFN?
Continue research
Sound science
Consumer demand
Share new info

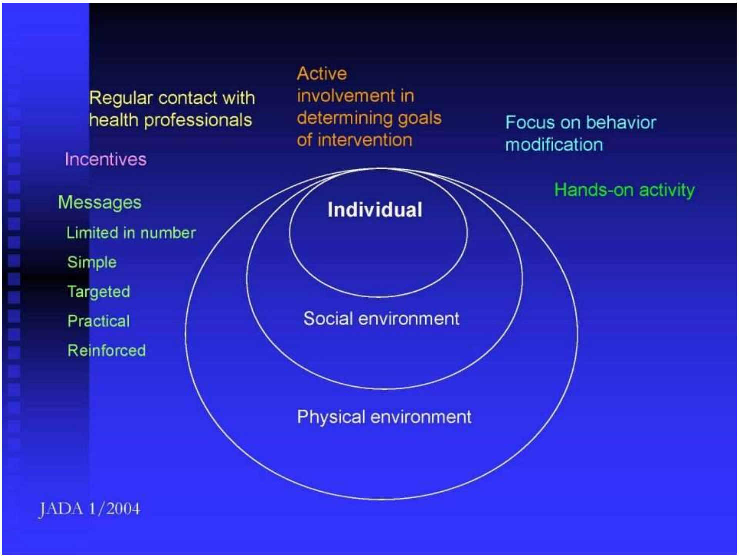
Public Health Approach
Create public policies that support desired change
People tend to "go with the flow"

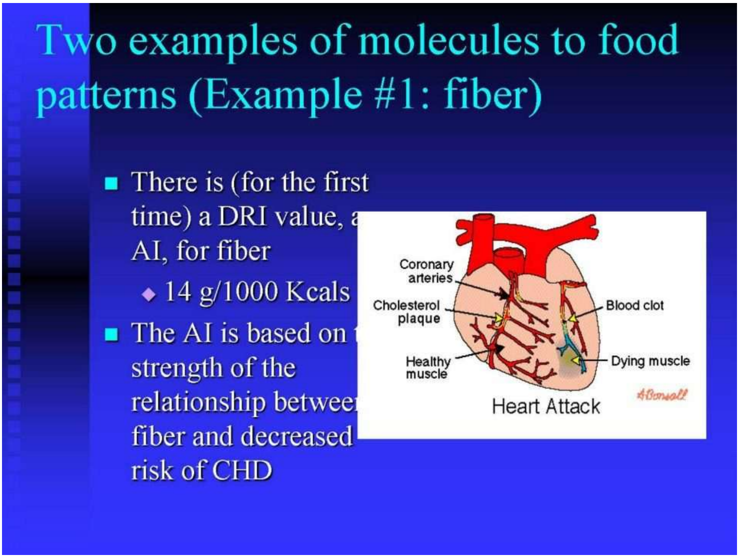

Older Adults
How are dietary recommendations used for older people?


Older Adults
Because most older people have or are at high risk for nutrition-related chronic diseases, they have a tremendous amount to gain from following a "healthy diet."


Focus of the talk
What is the Dietary Guidelines Advisory Committee (DGAC)
Its mandate
How it does its job
The challenge: Translating dietary guidance
nutrient → food based
Food based → dietary patterns
Examples, fiber and sugar


Overview of how the DGAC does its job
Five public meetings last one will be August 11, 2004
Written public comments solicited, reviewed by committee and staff
Listened to oral public comments
Workload divided among subcommittees which reported back to the full committee at public meetings
Each subcommittee assisted by one or more staff.


Regular contact with health professionals
Active involvement in determining goals of intervention
Focus on behavior modification
Incentives
Hands-on activity
Messages
Limited in number
Simple
Targeted
Practical
Reinforced
Individual
Social environment
Physical environment
JADA 1/2004


Two examples of molecules to food patterns (Example #1: fiber)
There is (for the first time) a DRI value, a AI, for fiber
14 g/1000 Kcals
The AI is based on t strength of the relationship betwee fiber and decreased risk of CHD
Coronary arteries
Cholesterol plaque
Blood clot
Healthy muscle
Dying muscle
Heart Attack

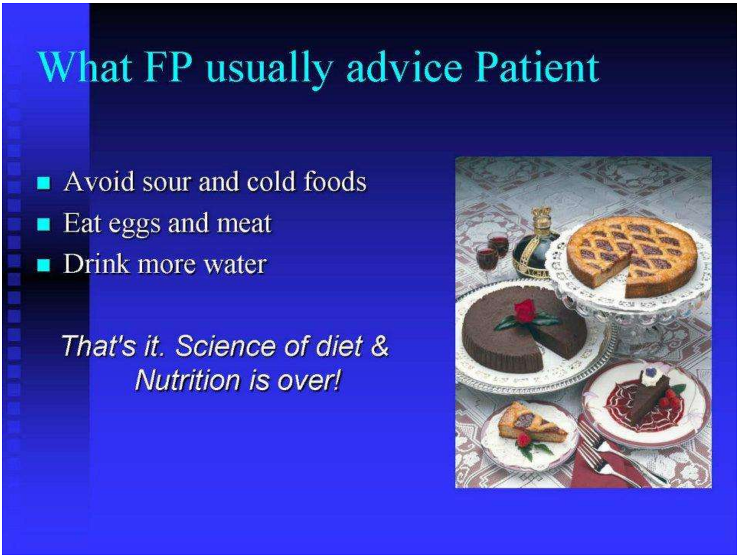
Who uses an evidence-based system?

- Professional organizations that issue evidence-based practice guidelines
  - American Dietetic Association
  - American Diabetes Association
  - American Heart Association

Myers, EF et al. (2001) Evidence guides vs protocols: What's the difference? J Am Diet Assoc 101: 1085-1090.

Overview of how the DGAC does its job

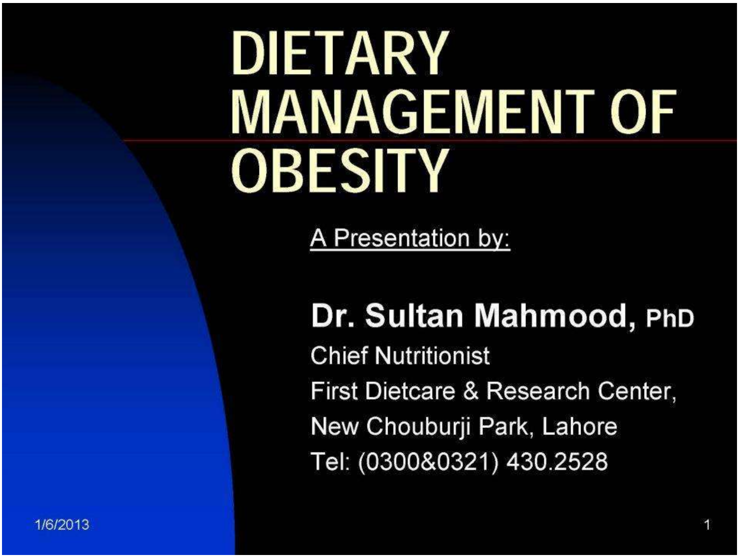
- Science review committee (Janet King, Larry Appel, Joanne Lupton) review all of the committee work for consistency and adherence to science-based standards.
- Consulted outside experts where deemed necessary.
- Requested modeling of food patterns as required.
- Used an evidence-based system to come to conclusive statements on all questions asked.

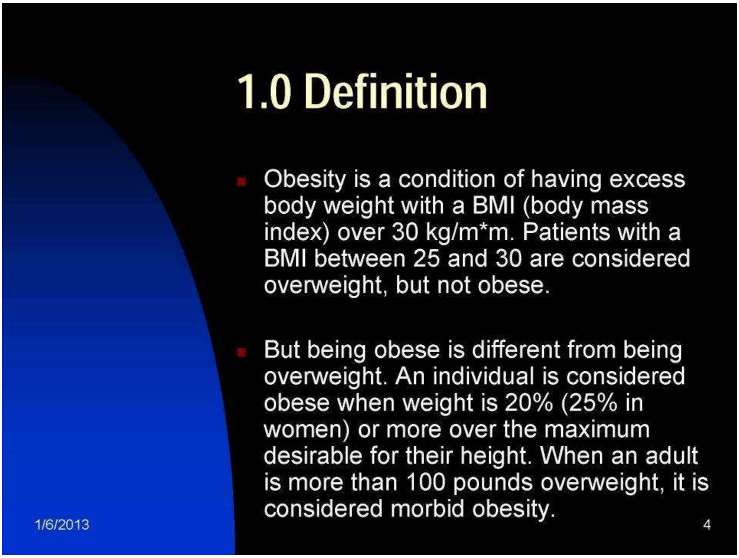

What FP usually advice Patient
Avoid sour and cold foods
Eat eggs and meat
Drink more water
That's it. Science of diet & Nutrition is over!

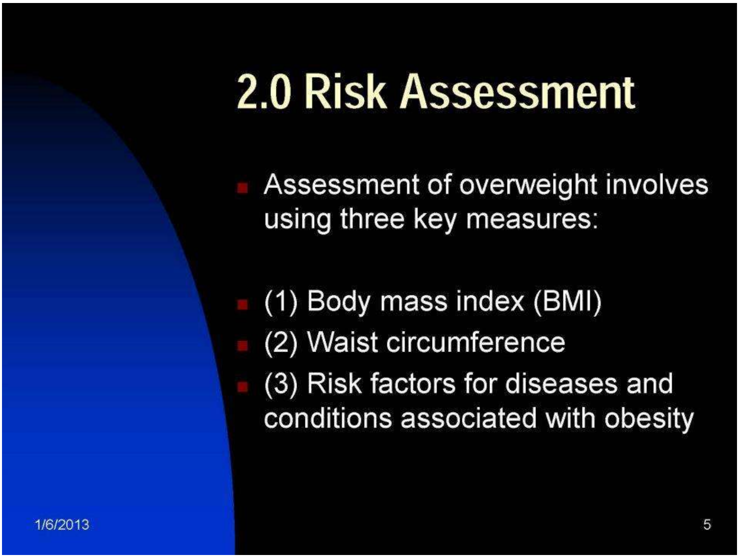
From a DRI to a food-based recommendation
Major sources include soft drinks, cakes, cookies, pies, fruitades, fruit punch, dairy desserts, and candy.
There may be a difference in compensation from sugar in beverages vs sugar in solid foods.
"Added sugars" generally result in added calories.

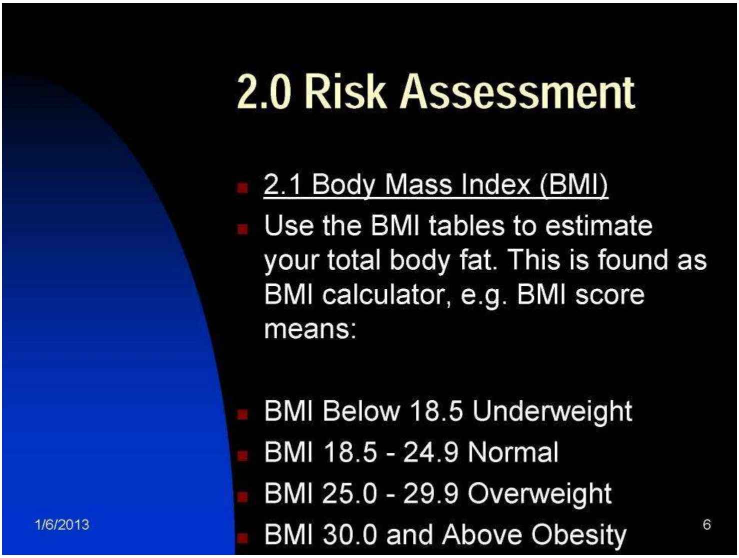
Introduction
Purpose of today's discussion is to create an awareness about this disease as well as to create consensus among the audience.
The presenter has a decade long experience combating obesity in the town.
Main objective is WEIGHT LOSS.
1/6/2013
2

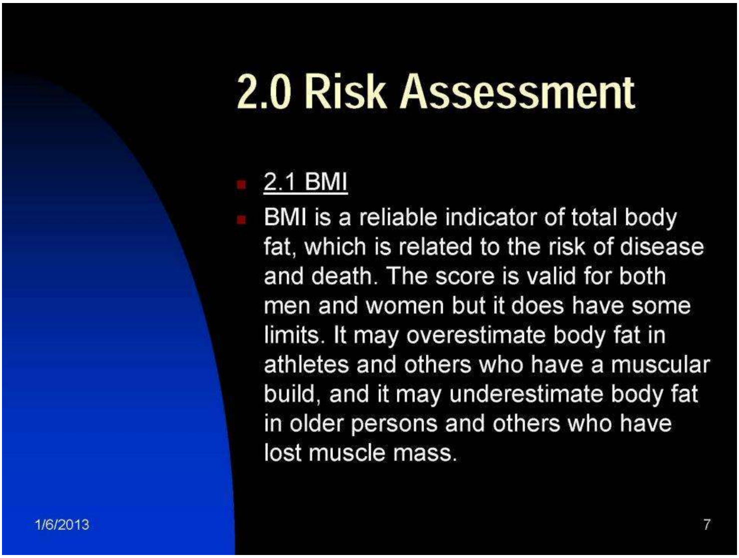
Topics of Discussion
1.0 Definition
2.0 Risk Assessment
3.0 Causes
4.0 Treatment
5.0 Dietary Management
6.0 Next Steps
7.0 Take-Home message
8.0 References
1/6/2013
3

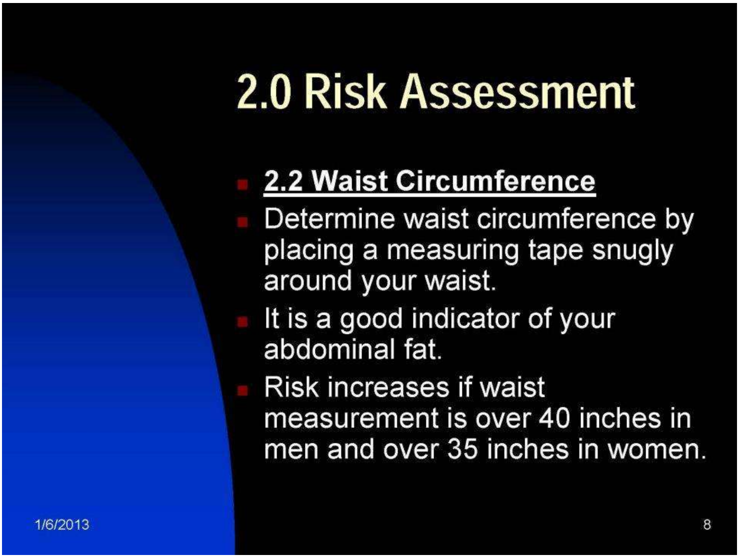

DIETARY MANAGEMENT OF OBESITY
A Presentation by:
Dr. Sultan Mahmood, PhD
Chief Nutritionist
First Dietcare & Research Center,
New Chouburji Park, Lahore
Tel: (0300&0321) 430.2528
1/6/2013
1

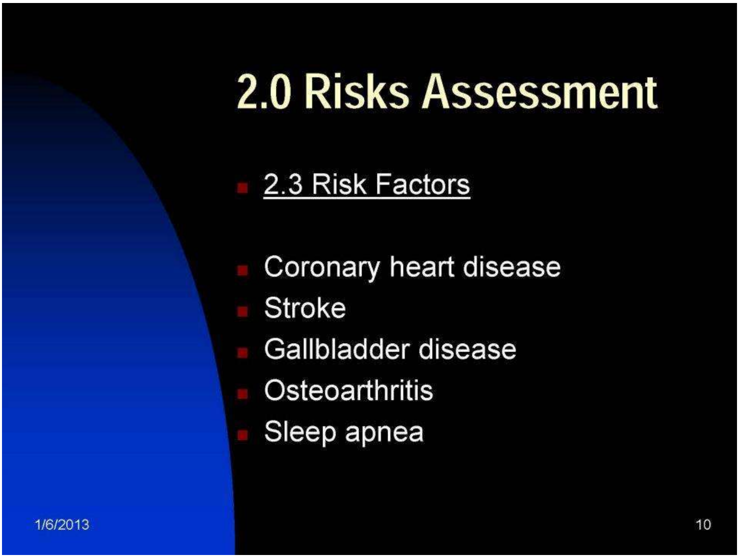

1.0 Definition
Obesity is a condition of having excess body weight with a BMI (body mass index) over 30 kg/m*m. Patients with a BMI between 25 and 30 are considered overweight, but not obese.
But being obese is different from being overweight. An individual is considered obese when weight is 20% (25% in women) or more over the maximum desirable for their height. When an adult is more than 100 pounds overweight, it is considered morbid obesity.
1/6/2013
4

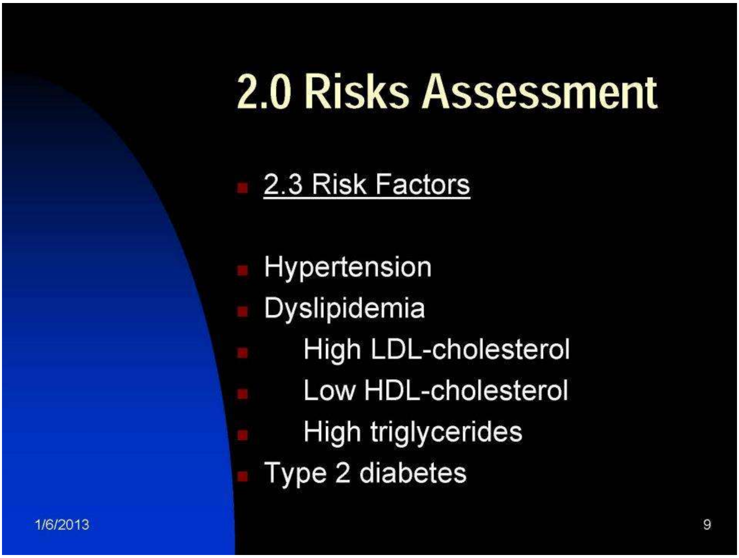

2.0 Risk Assessment
Assessment of overweight involves using three key measures:
(1) Body mass index (BMI)
(2) Waist circumference
(3) Risk factors for diseases and conditions associated with obesity
1/6/2013
5

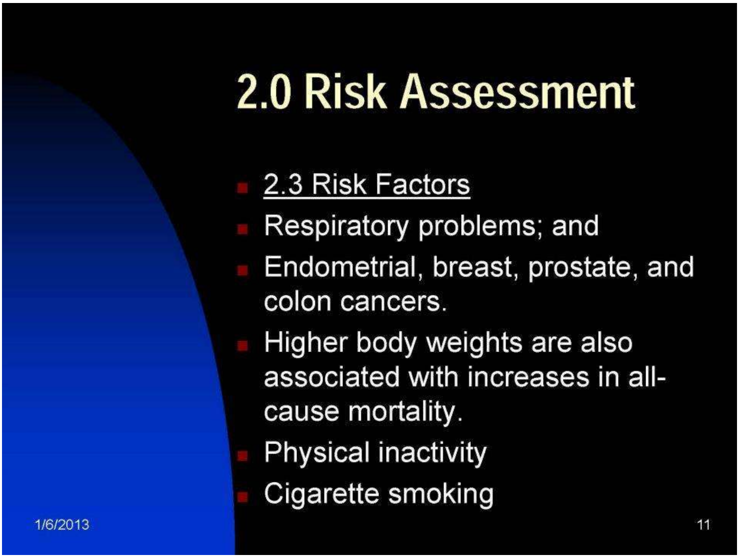

2.0 Risk Assessment
2.1 Body Mass Index (BMI)
Use the BMI tables to estimate your total body fat. This is found as BMI calculator, e.g. BMI score means:
BMI Below 18.5 Underweight
BMI 18.5 - 24.9 Normal
BMI 25.0 - 29.9 Overweight
BMI 30.0 and Above Obesity
1/6/2013
6

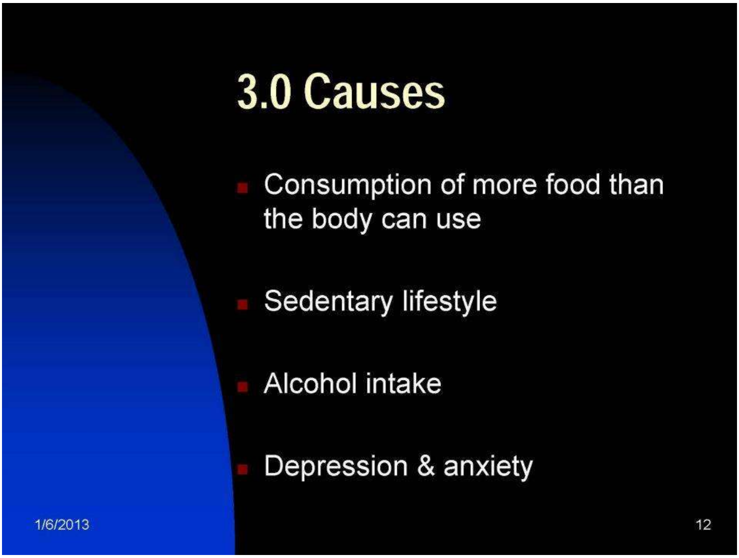

2.0 Risk Assessment
2.1 BMI
BMI is a reliable indicator of total body fat, which is related to the risk of disease and death. The score is valid for both men and women but it does have some limits. It may overestimate body fat in athletes and others who have a muscular build, and it may underestimate body fat in older persons and others who have lost muscle mass.
1/6/2013
7

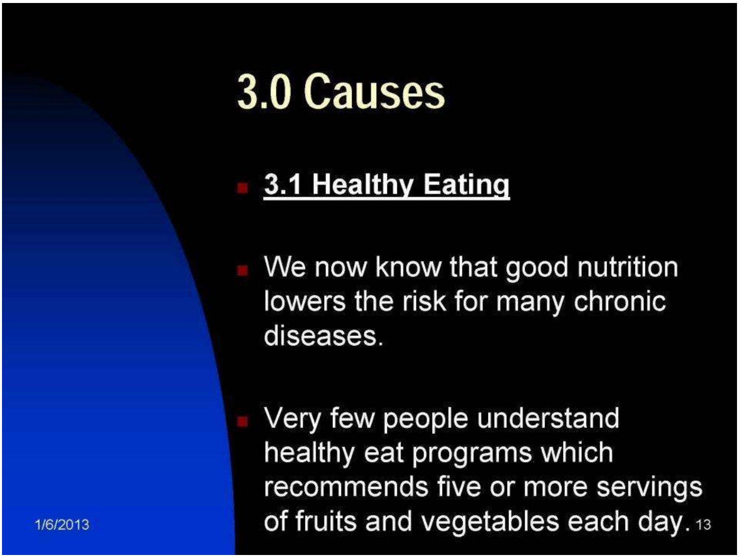

2.0 Risk Assessment
2.2 Waist Circumference
Determine waist circumference by placing a measuring tape snugly around your waist.
It is a good indicator of your abdominal fat.
Risk increases if waist measurement is over 40 inches in men and over 35 inches in women.
1/6/2013
8

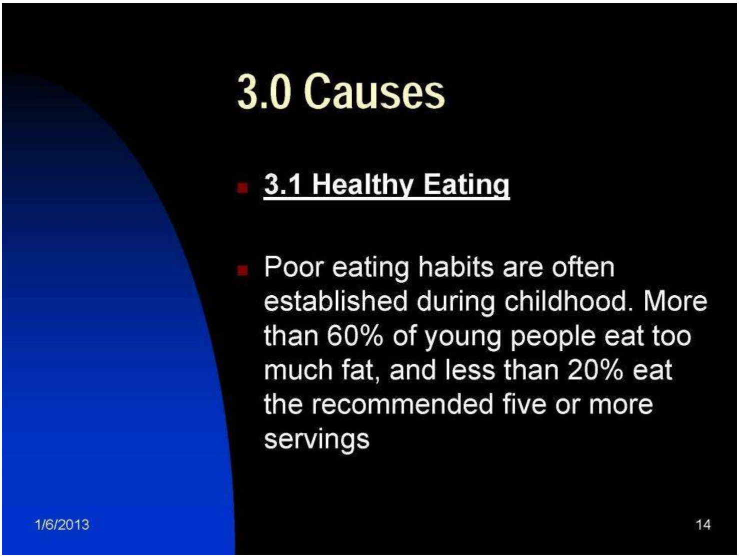

2.0 Risks Assessment
2.3 Risk Factors
Coronary heart disease
Stroke
Gallbladder disease
Osteoarthritis
Sleep apnea
1/6/2013
10


2.0 Risks Assessment
2.3 Risk Factors
Hypertension
Dyslipidemia
High LDL-cholesterol
Low HDL-cholesterol
High triglycerides
Type 2 diabetes
1/6/2013
9


2.0 Risk Assessment
2.3 Risk Factors
Respiratory problems; and
Endometrial, breast, prostate, and colon cancers.
Higher body weights are also associated with increases in all-cause mortality.
Physical inactivity
Cigarette smoking
1/6/2013
11


3.0 Causes
Consumption of more food than the body can use
Sedentary lifestyle
Alcohol intake
Depression & anxiety
1/6/2013
12

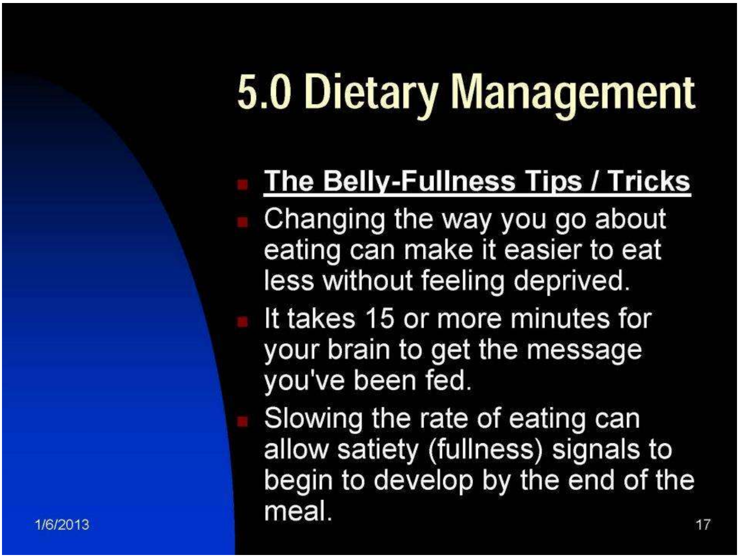

3.0 Causes
3.1 Healthy Eating
We now know that good nutrition lowers the risk for many chronic diseases.
Very few people understand healthy eat programs which recommends five or more servings of fruits and vegetables each day.
1/6/2013
13

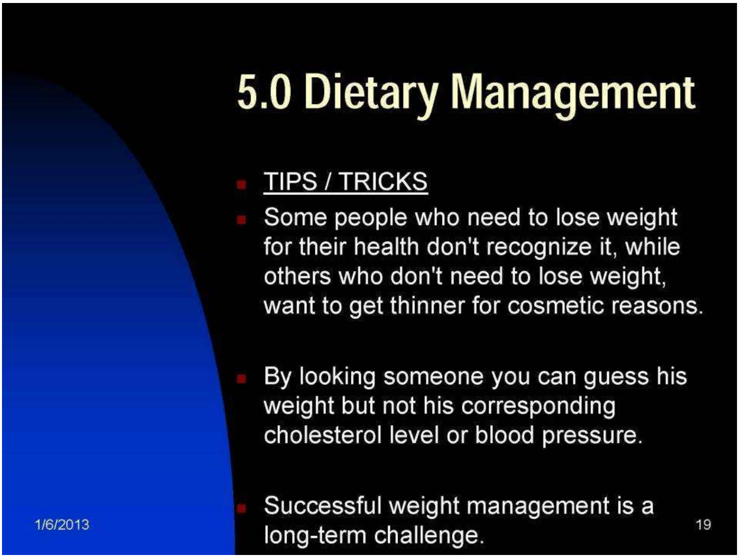

3.0 Causes
3.1 Healthy Eating
Poor eating habits are often established during childhood. More than 60% of young people eat too much fat, and less than 20% eat the recommended five or more servings
1/6/2013
14

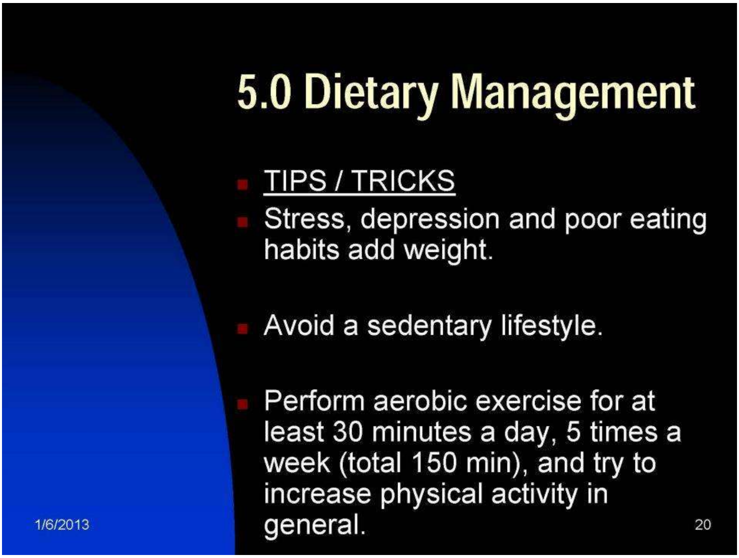
3.0 Causes
3.2 Lack of Physical Activity
Regular physical activity substantially reduces
Coronary heart disease, colon cancer, diabetes, and high blood pressure.
It also helps to control weight; contributes to healthy bones, muscles, and joints; reduces falls among the elderly; helps to relieve the pain of arthritis; reduces symptoms of anxiety and depression
It is associated with fewer hospitalizations, physician visits, and medications.
1/6/2013
15

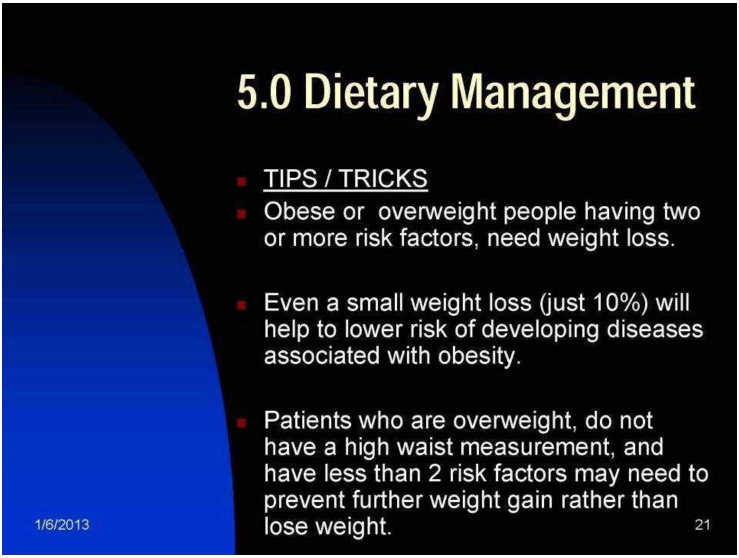
4.0 Treatment
Pharmacological Treatment
Medical treatment is not my job.
Non-Pharmacological Treatment
Weight loss thru diet change
Weight loss thru exercise
1/6/2013
16

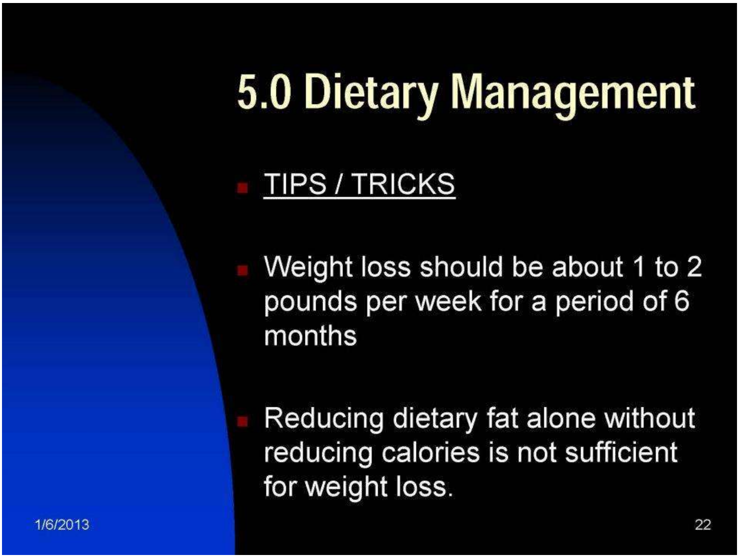
5.0 Dietary Management
TIPS / TRICKS
Eating lots of vegetables can also make you feel fuller.
Another trick is to use smaller plates so that moderate portions do not appear meager.
Changing your eating schedule, or setting one, can be helpful, especially if you tend to skip, or delay, meals and overeat later.
1/6/2013
18

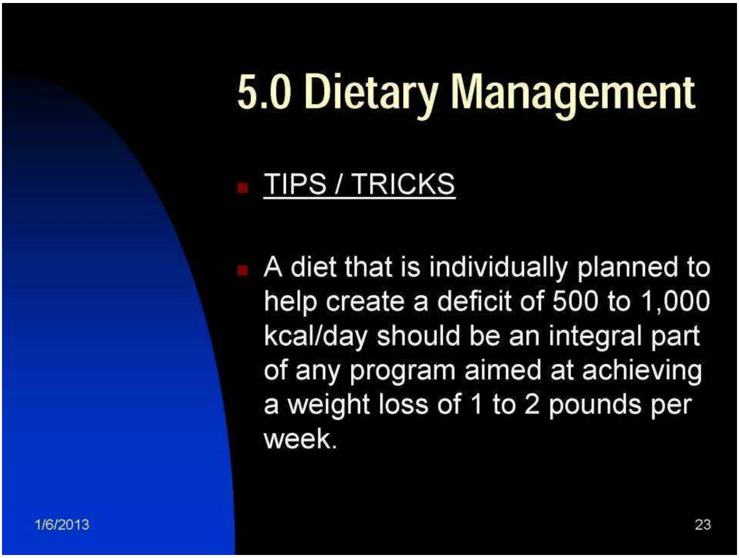

5.0 Dietary Management
The Belly-Fullness Tips / Tricks
Changing the way you go about eating can make it easier to eat less without feeling deprived.
It takes 15 or more minutes for your brain to get the message you've been fed.
Slowing the rate of eating can allow satiety (fullness) signals to begin to develop by the end of the meal.
1/6/2013
17

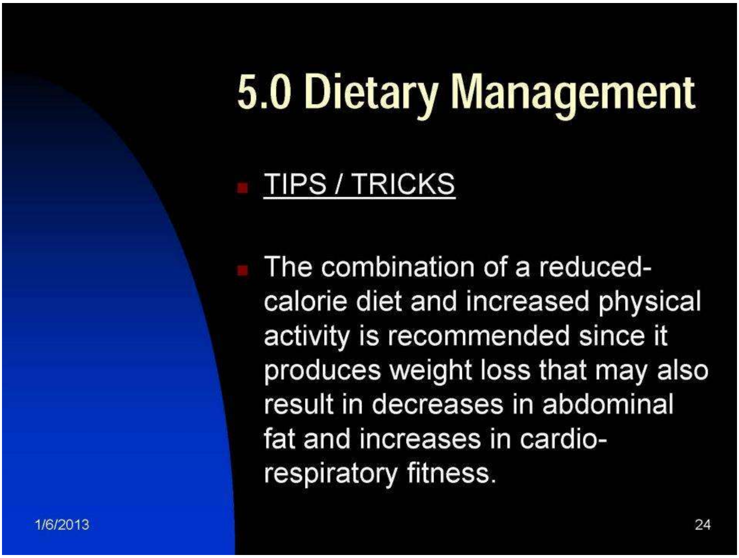

5.0 Dietary Management
TIPS / TRICKS
Some people who need to lose weight for their health don't recognize it, while others who don't need to lose weight, want to get thinner for cosmetic reasons.
By looking someone you can guess his weight but not his corresponding cholesterol level or blood pressure.
Successful weight management is a long-term challenge.
1/6/2013
19

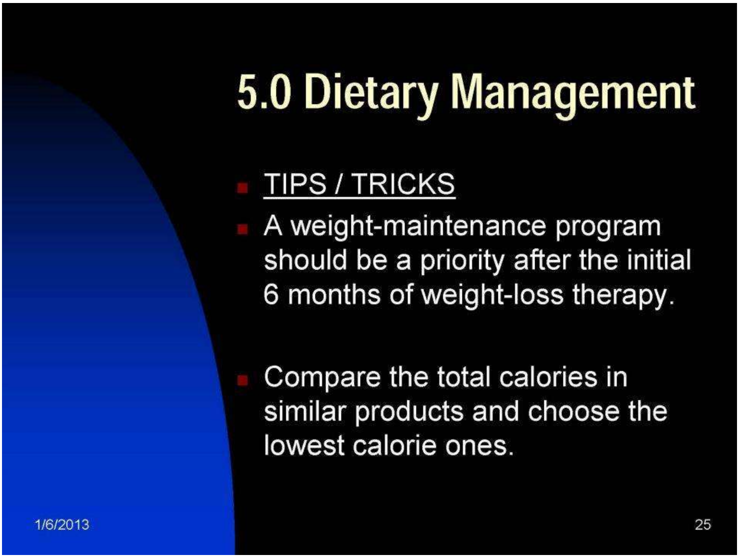

5.0 Dietary Management
TIPS / TRICKS
Stress, depression and poor eating habits add weight.
Avoid a sedentary lifestyle.
Perform aerobic exercise for at least 30 minutes a day, 5 times a week (total 150 min), and try to increase physical activity in general.
1/6/2013
20


5.0 Dietary Management
TIPS / TRICKS
Obese or overweight people having two or more risk factors, need weight loss.
Even a small weight loss (just 10%) will help to lower risk of developing diseases associated with obesity.
Patients who are overweight, do not have a high waist measurement, and have less than 2 risk factors may need to prevent further weight gain rather than lose weight.
1/6/2013
21


5.0 Dietary Management
TIPS / TRICKS
Weight loss should be about 1 to 2 pounds per week for a period of 6 months
Reducing dietary fat alone without reducing calories is not sufficient for weight loss.
1/6/2013
22


5.0 Dietary Management
TIPS / TRICKS
A diet that is individually planned to help create a deficit of 500 to 1,000 kcal/day should be an integral part of any program aimed at achieving a weight loss of 1 to 2 pounds per week.
1/6/2013
23


5.0 Dietary Management
TIPS / TRICKS
The combination of a reduced-calorie diet and increased physical activity is recommended since it produces weight loss that may also result in decreases in abdominal fat and increases in cardio-respiratory fitness.
1/6/2013
24


5.0 Dietary Management
TIPS / TRICKS
A weight-maintenance program should be a priority after the initial 6 months of weight-loss therapy.
Compare the total calories in similar products and choose the lowest calorie ones.
1/6/2013
25

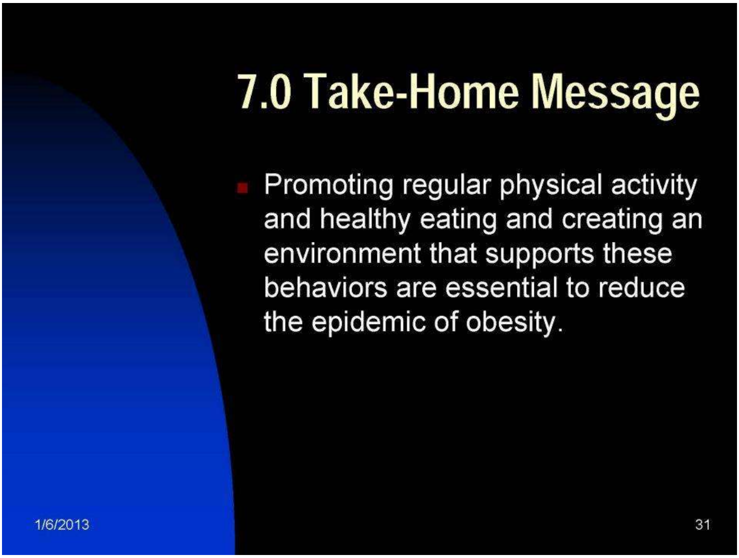
6.0 Next Steps
Low-Calorie Foods
Plain cereal, dry or cooked
Rice, pasta
White meat chicken or turkey (remove skin)
Fish
1/6/2013
27

6.0 Next Steps
Use following Low-Calorie Foods
Fat free or low-fat milk, yogurt, cheese and other milk products
Light or diet margarine
Eggs
1/6/2013
26

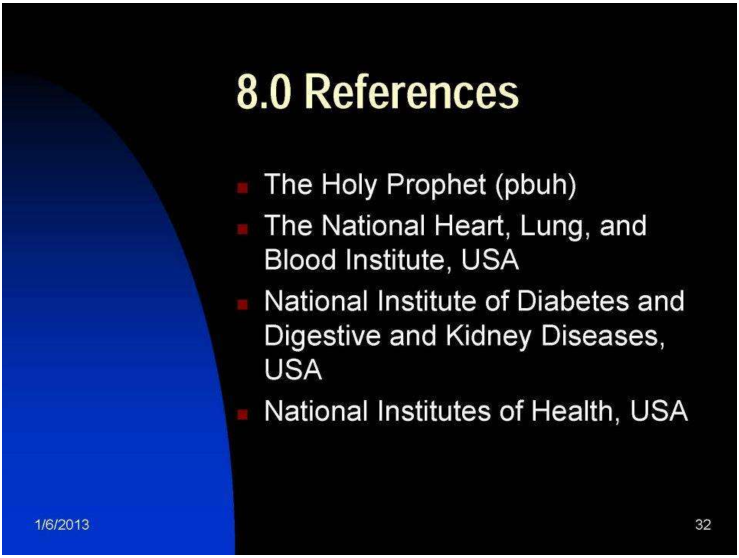
6.0 Next Steps
Low-Calorie Foods
Beef: round, sirloin, chuck arm, loin, etc.
Dry beans and peas
1/6/2013
28

6.0 Next Steps
Low-Calorie Foods
Mustard and catsup
Jam, jelly, or honey
Herbs and spices
Salsa (vegetable salad with vinegar)
1/6/2013
30

6.0 Next Steps
Low-Calorie Foods
Fresh, frozen, canned fruits in light syrup or juice
Fresh, frozen, or no salt added canned vegetables
Low fat or nonfat salad dressings
1/6/2013
29


7.0 Take-Home Message
Promoting regular physical activity and healthy eating and creating an environment that supports these behaviors are essential to reduce the epidemic of obesity.
1/6/2013
31

Thank You
1/6/2013
33



High Uric Acid and Diet

Dr. Sultan Mahmood
Chief Nutritionist
First DietCare & Research Center, Lahore
0321-430 2528

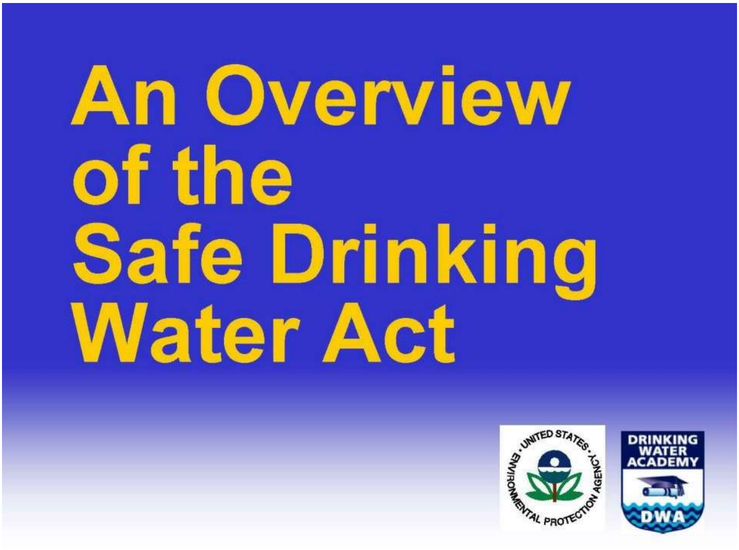
1st October 2007 at Qarshi Industries

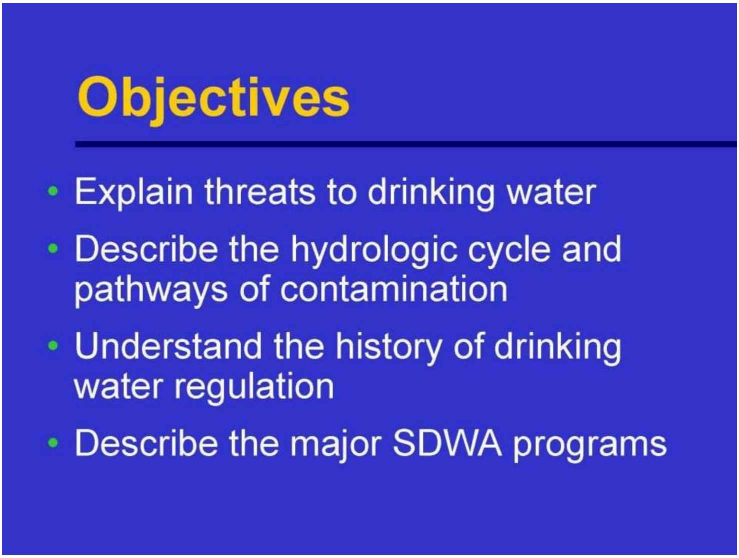
High uric acid level: What does it mean?

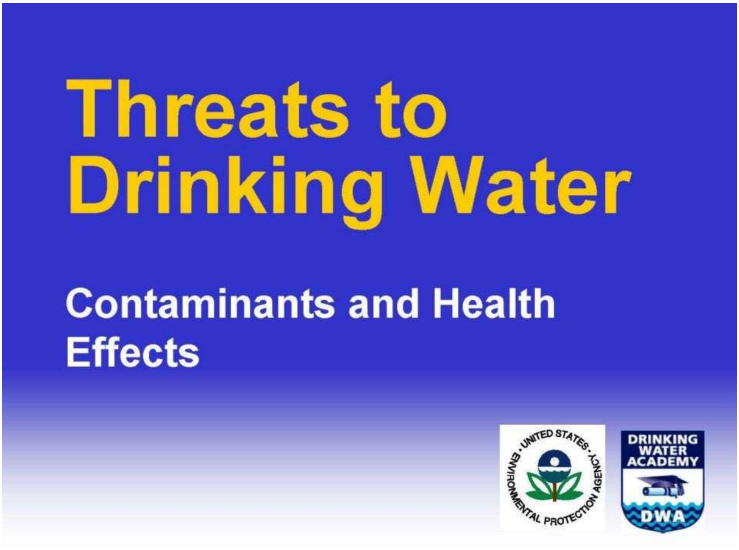
Uric acid is a waste product formed from the breakdown (metabolism) of substances in food called purines.

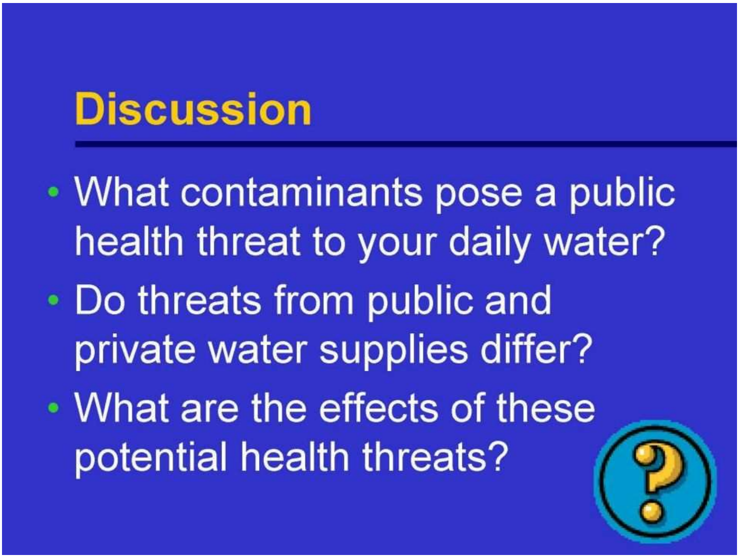
Most of the uric acid made by body dissolves in blood and passes through kidneys into urine.

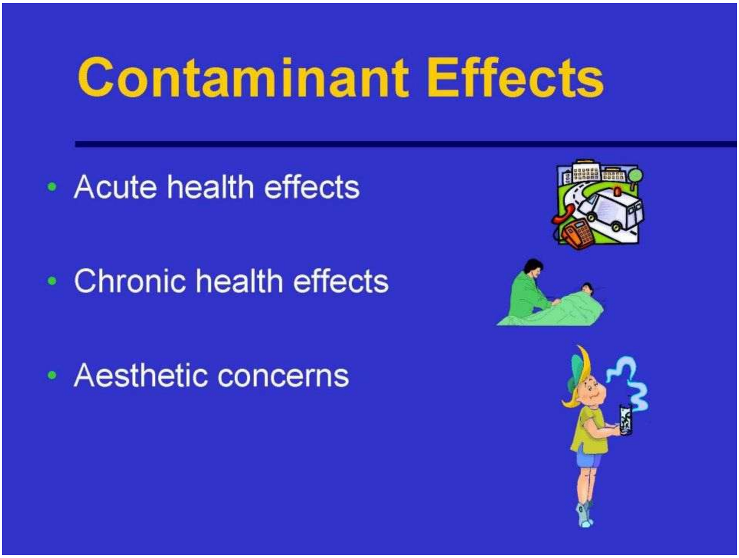
However, sometimes body either produces too much or excretes too little uric acid.

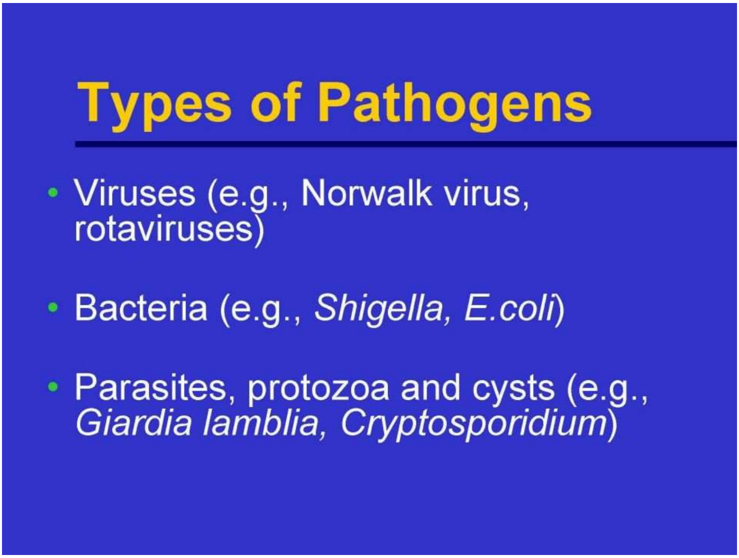

An Overview
of the
Safe Drinking
Water Act
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
DRINKING
WATER
ACADEMY
DWA

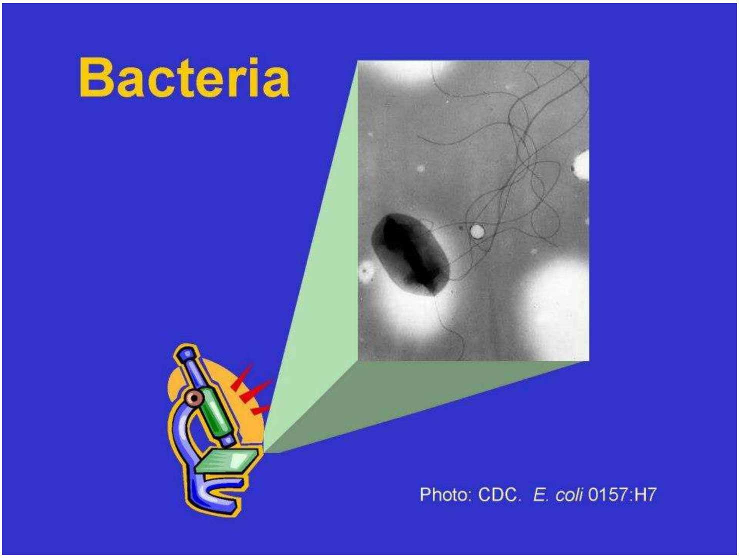

Objectives
Explain threats to drinking water
Describe the hydrologic cycle and pathways of contamination
Understand the history of drinking water regulation
Describe the major SDWA programs

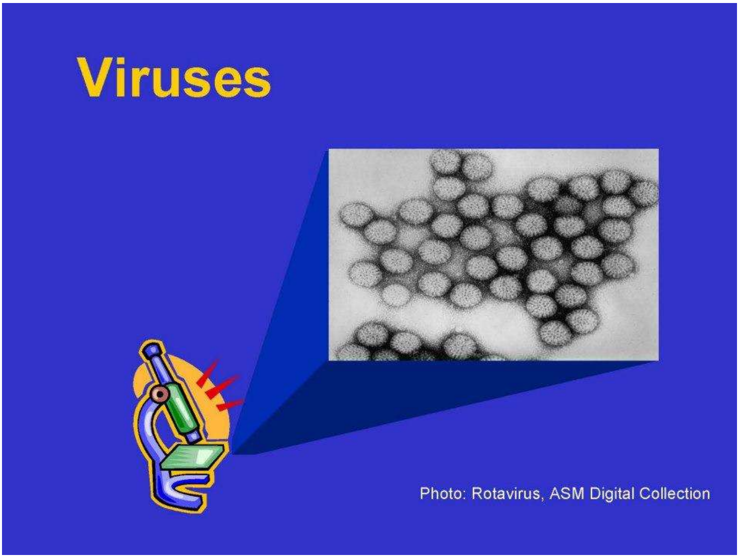

Threats to
Drinking Water
Contaminants and Health
Effects
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
DRINKING WATER ACADEMY
DWA


Discussion
• What contaminants pose a public health threat to your daily water?
• Do threats from public and private water supplies differ?
• What are the effects of these potential health threats?


Contaminant Effects
• Acute health effects
• Chronic health effects
• Aesthetic concerns


Types of Pathogens
• Viruses (e.g., Norwalk virus, rotaviruses)
• Bacteria (e.g., *Shigella, E.coli*)
• Parasites, protozoa and cysts (e.g., *Giardia lamblia, Cryptosporidium*)

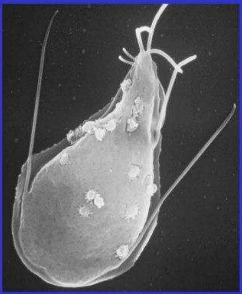

Bacteria
Photo: CDC. E. coli 0157:H7


Viruses
Photo: Rotavirus, ASM Digital Collection

Discussion

- Where do microbiological and chemical contaminants come from?

Protozoa



Giardia

Cryptosporidium

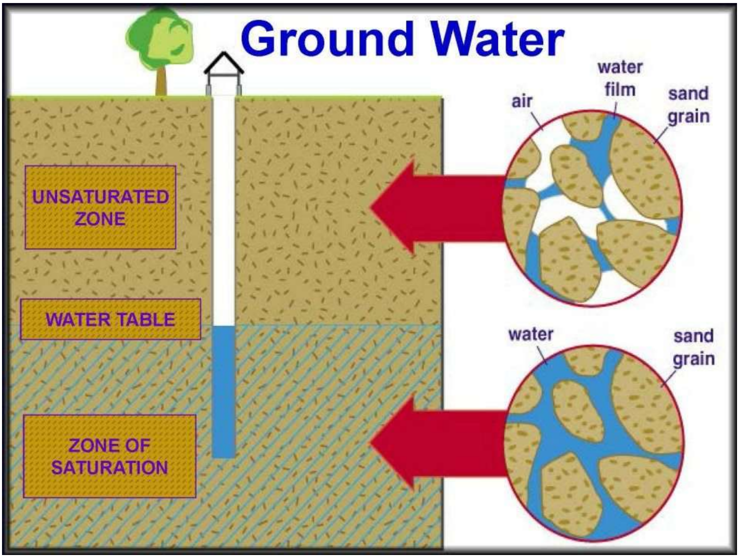
Types of Contaminants Causing Chronic Health Effects

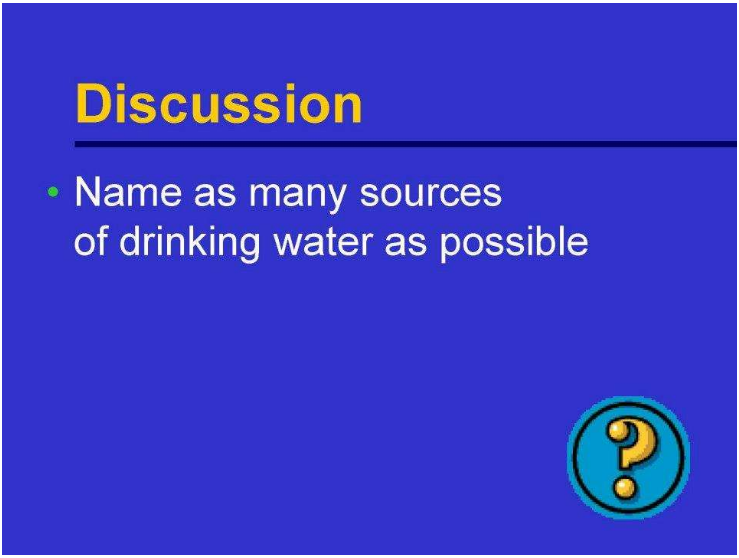
- Volatile organic chemicals (VOCs)
- Inorganic chemicals (IOCs)
- Synthetic organic chemicals (SOCs)
- Radionuclides

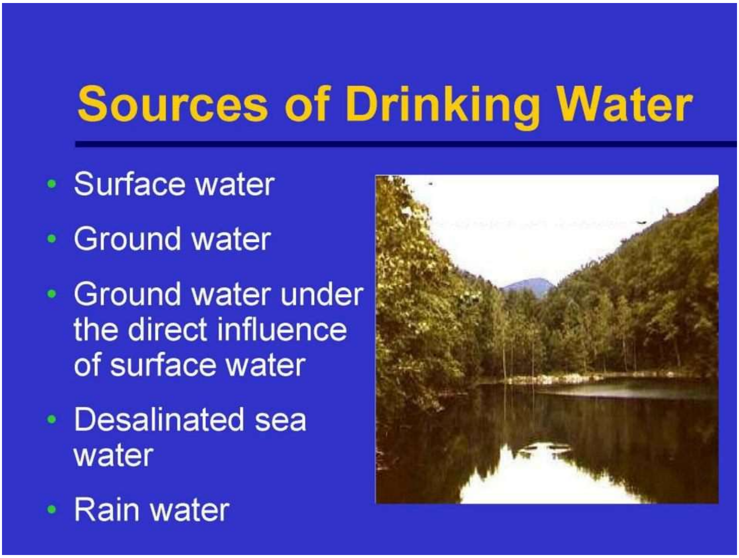
The Hydrologic Cycle, Sources of Drinking Water, and Pathways of Contamination

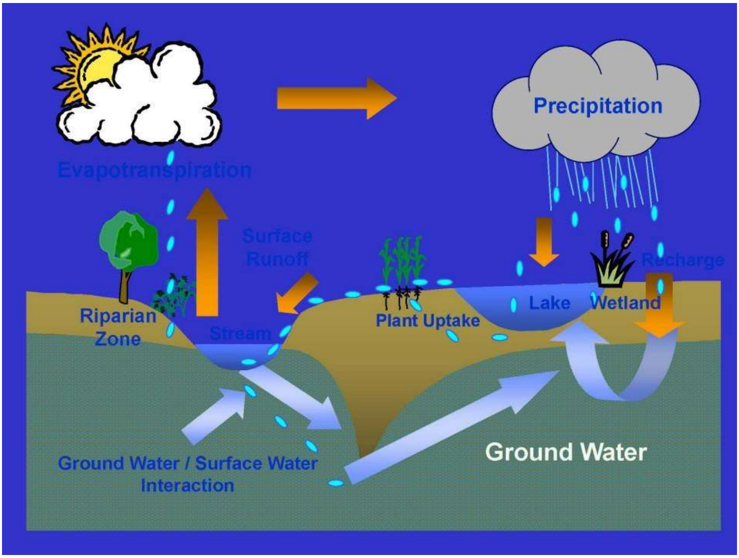
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

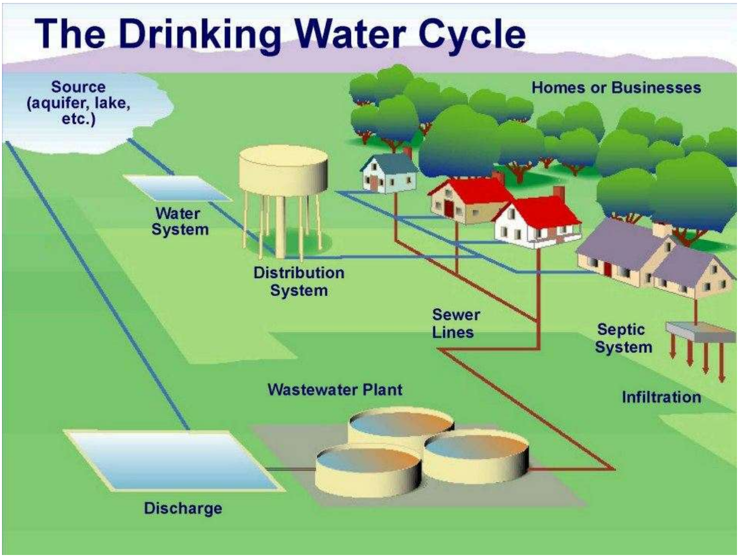
DRINKING WATER ACADEMY DWA

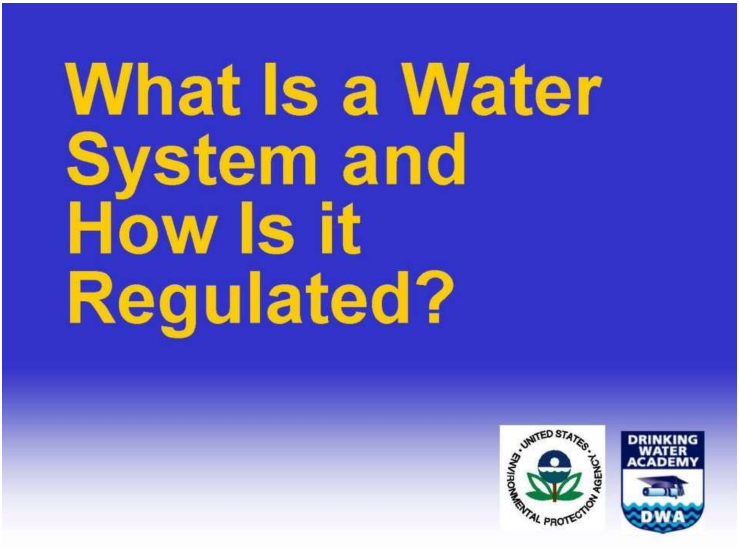

Ground Water
water film
air
sand grain
UNSATURATED ZONE
WATER TABLE
water
sand grain
ZONE OF SATURATION

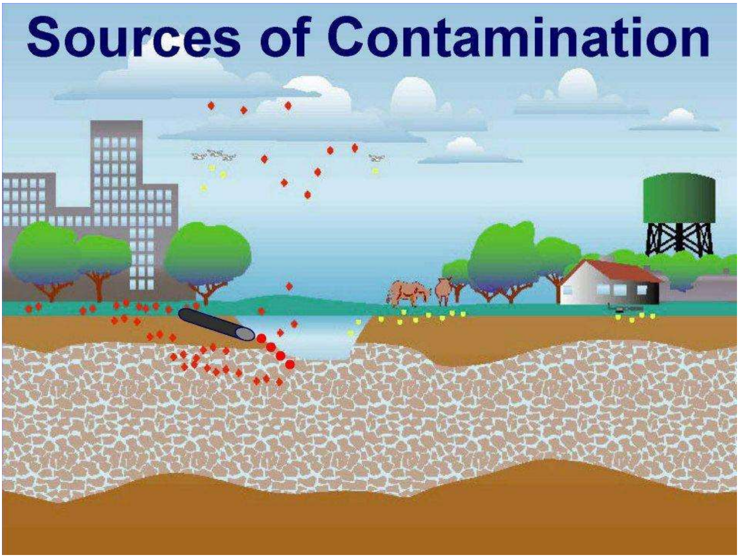

Discussion
• Name as many sources of drinking water as possible

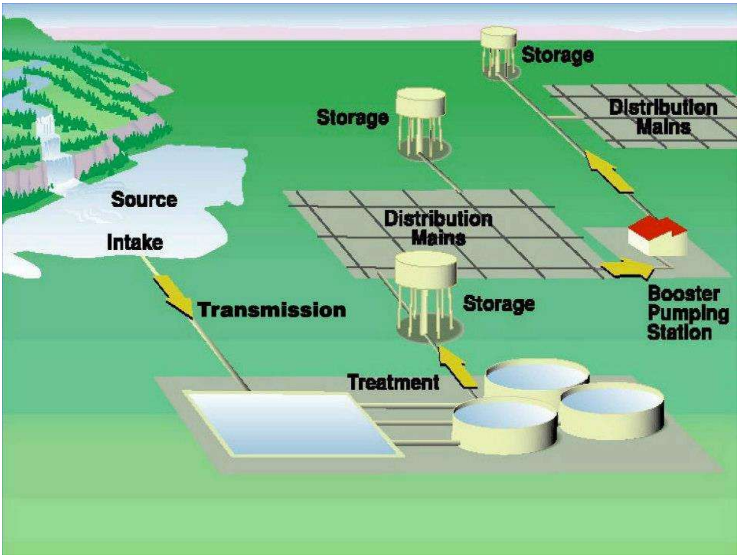

Sources of Drinking Water
Surface water
Ground water
Ground water under the direct influence of surface water
Desalinated sea water
Rain water

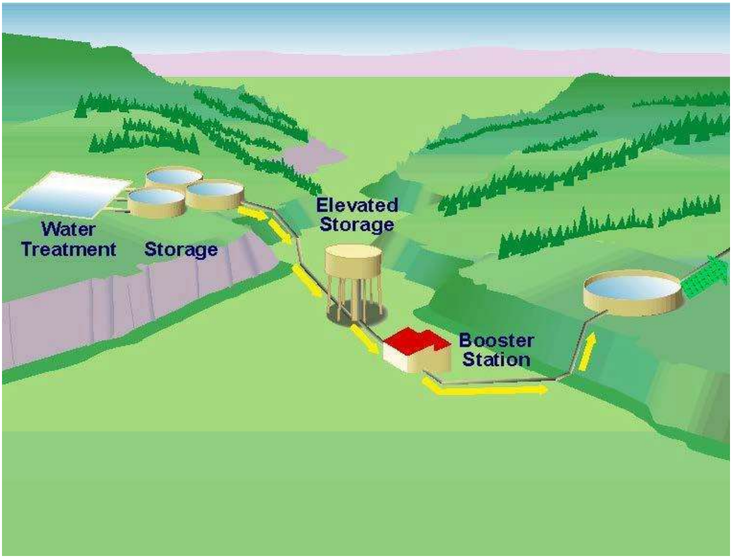

Precipitation
Evapotranspiration
Surface Runoff
Recharge
Riparian Zone
Stream
Plant Uptake
Lake
Wetland
Ground Water / Surface Water Interaction
Ground Water

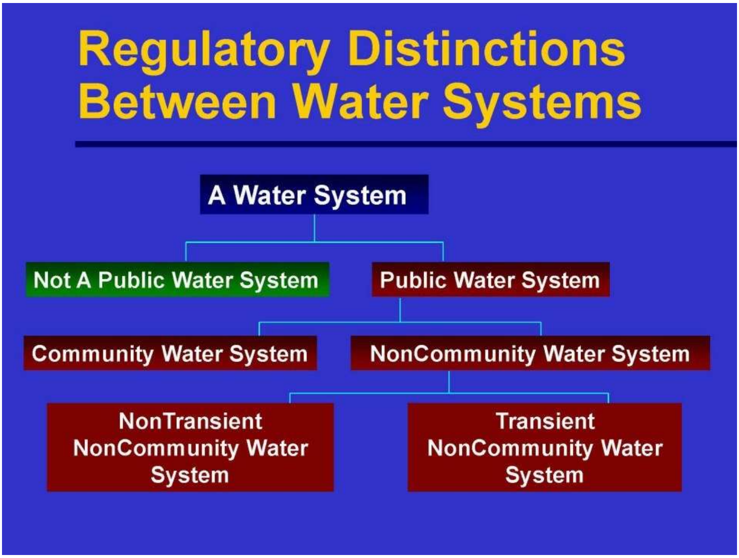

The Drinking Water Cycle
Source (aquifer, lake, etc.)
Homes or Businesses
Water System
Distribution System
Sewer Lines
Septic System
Infiltration
Wastewater Plant
Discharge


What Is a Water System and How Is it Regulated?
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
DRINKING WATER ACADEMY
DWA


Sources of Contamination

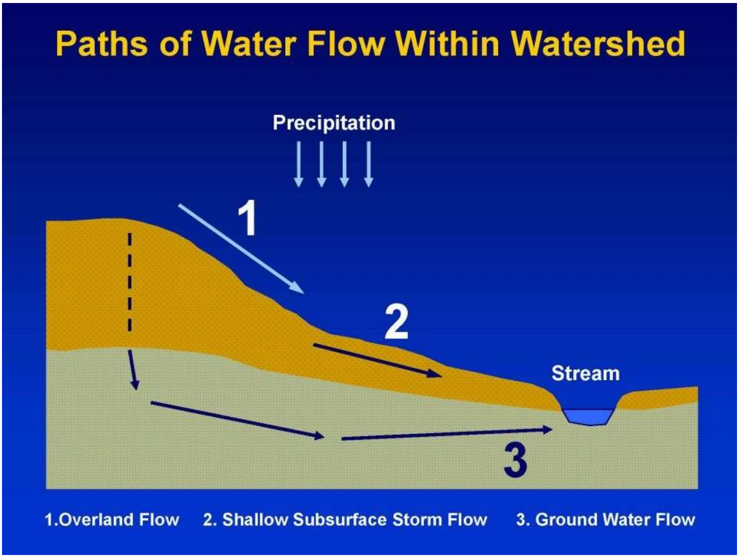

Storage
Distribution
Mains
Storage
Source
Intake
Distribution
Mains
Transmission
Storage
Booster
Pumping
Station
Treatment

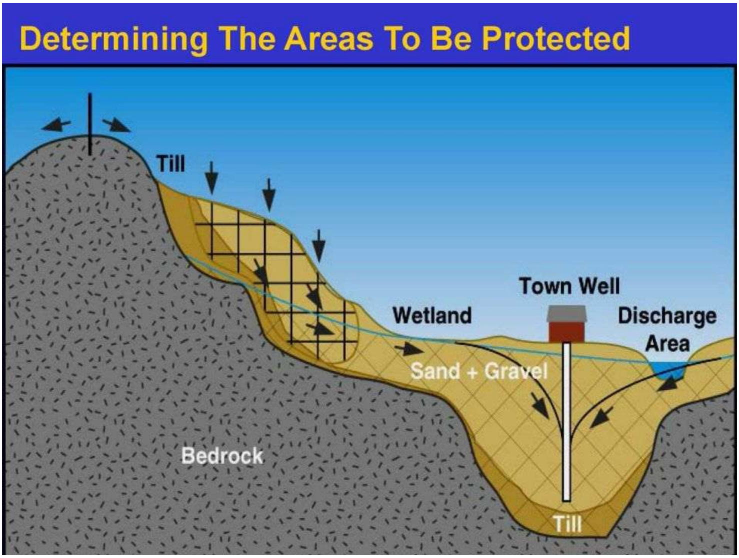

Water
Treatment
Storage
Elevated
Storage
Booster
Station


Regulatory Distinctions
Between Water Systems
A Water System
Not A Public Water System
Public Water System
Community Water System
NonCommunity Water System
NonTransient
NonCommunity Water
System
Transient
NonCommunity Water
System

Discussion

- Why divide water systems into the various classifications?
- Why only regulate systems serving 25 or more people?



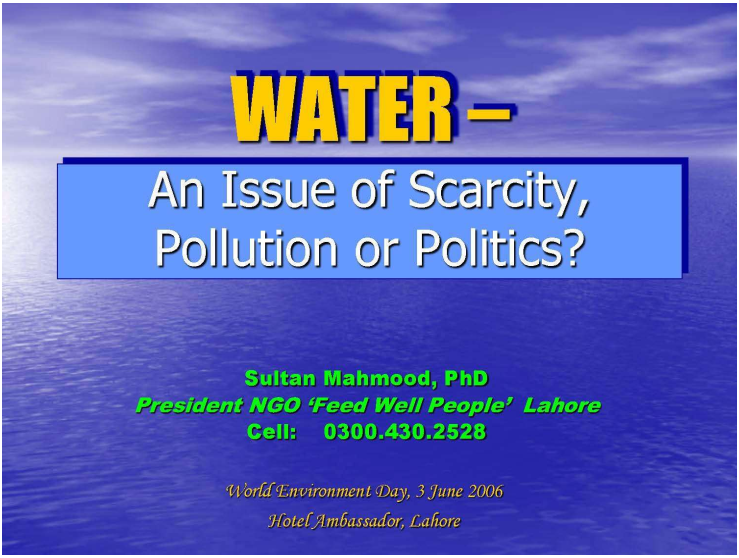


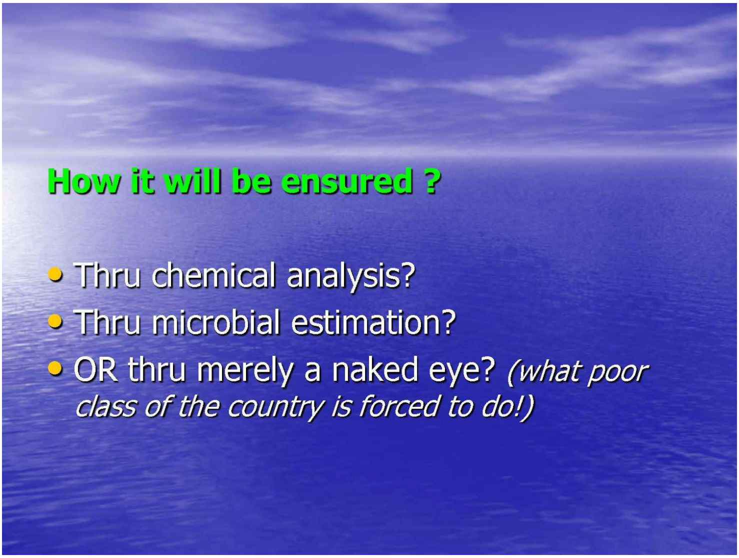
Consumer Confidence Reports

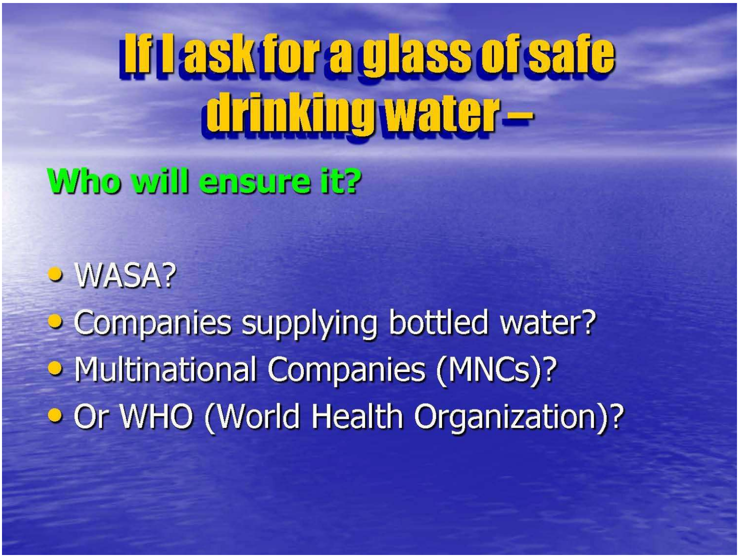
- Easy-to-understand explanations of drinking water standards and health effects
- Information on the quality of the water system's source and monitoring results
- Health effects information on any contaminant in violation of an EPA health standard
- Hotline number to address questions

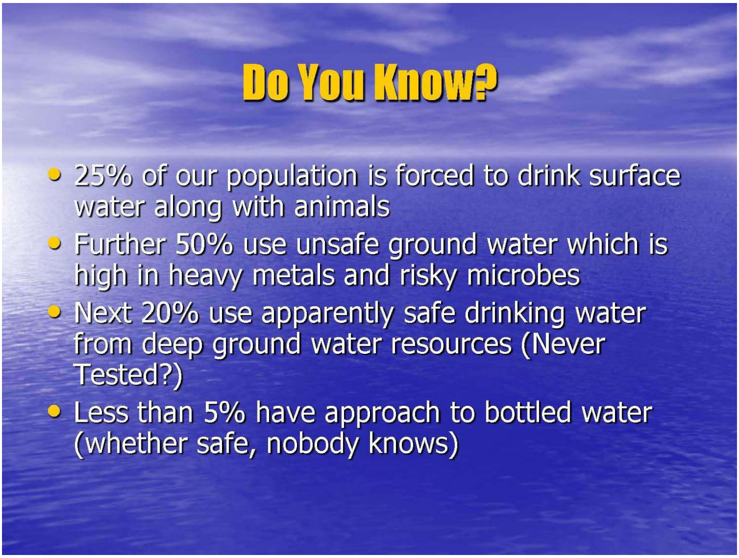
Capacity Development
EPA assists States in developing financial, managerial and technical capacity of water systems
States must have programs to
– Ensure capacity of new systems
– Help existing systems develop and maintain capacity

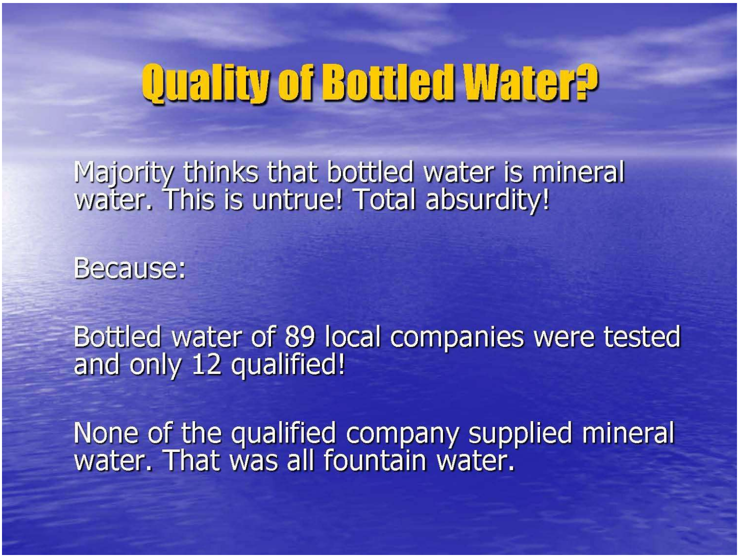
SDWA Programs Today
Protect public health through:
– Contaminant standard setting
– Source water protection
– Underground injection control
– Public water system supervision

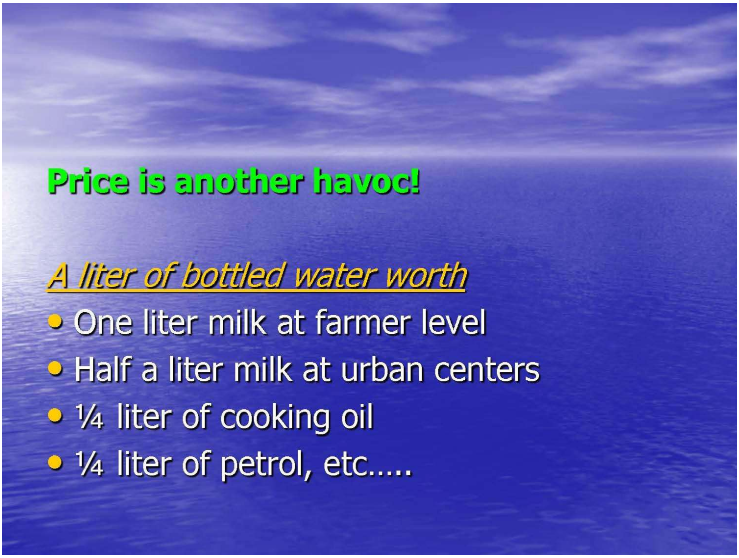

WATER –
An Issue of Scarcity, Pollution or Politics?
Sultan Mahmood, PhD
President NGO 'Feed Well People' Lahore
Cell: 0300.430.2528
World Environment Day, 3 June 2006
Hotel Ambassador, Lahore

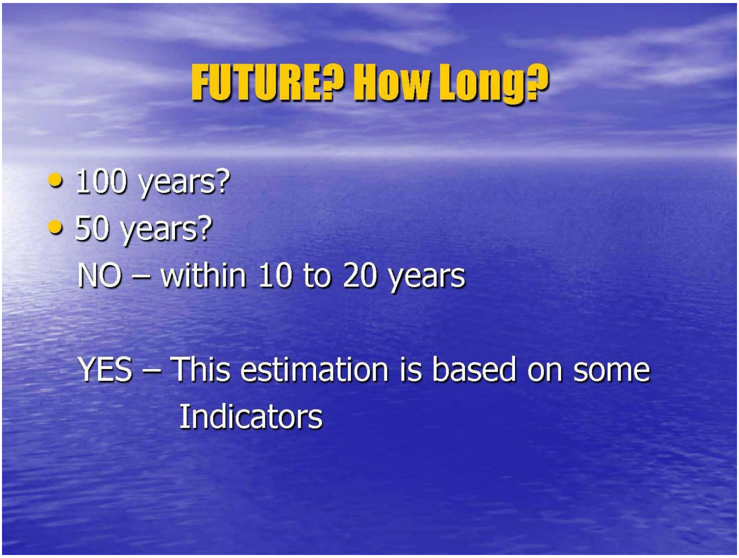

How it will be ensured ?
Thru chemical analysis?
Thru microbial estimation?
OR thru merely a naked eye? (what poor class of the country is forced to do!)


If I ask for a glass of safe drinking water –
Who will ensure it?
WASA?
Companies supplying bottled water?
Multinational Companies (MNCs)?
Or WHO (World Health Organization)?


Do You Know?
25% of our population is forced to drink surface water along with animals
Further 50% use unsafe ground water which is high in heavy metals and risky microbes
Next 20% use apparently safe drinking water from deep ground water resources (Never Tested?)
Less than 5% have approach to bottled water (whether safe, nobody knows)


Quality of Bottled Water?
Majority thinks that bottled water is mineral water. This is untrue! Total absurdity!
Because:
Bottled water of 89 local companies were tested and only 12 qualified!
None of the qualified company supplied mineral water. That was all fountain water.

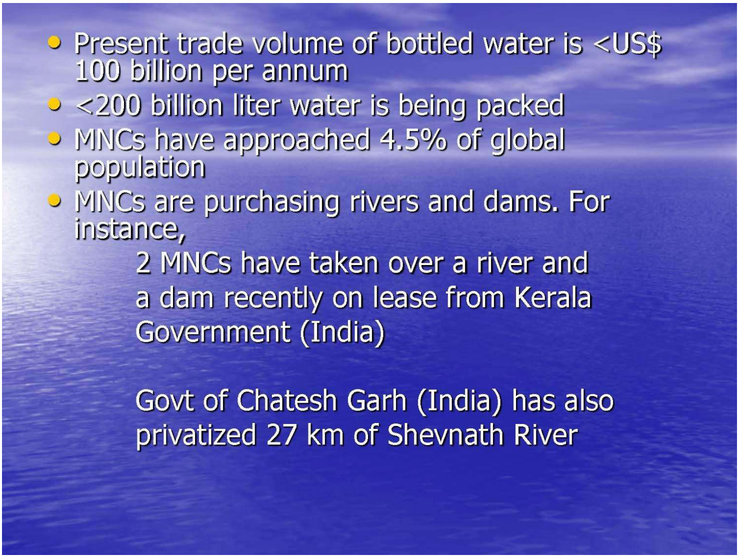

Price is another havoc!
A liter of bottled water worth
One liter milk at farmer level
Half a liter milk at urban centers
¼ liter of cooking oil
¼ liter of petrol, etc…..


FUTURE? How Long?
• 100 years?
• 50 years?
NO – within 10 to 20 years
YES – This estimation is based on some Indicators

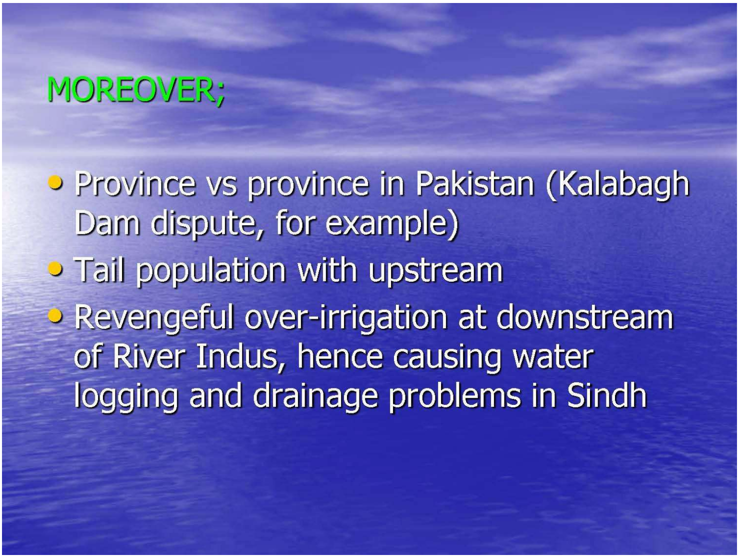
Future Focus of MNCs
Since bottled water is a big future industry, MNCs are in throat cutting competition!
Past and present wars are being fought for land, energy resources and markets
But
Future wars will break out for Water Resources

INDICATORS
World Bank & IMF are imposing pre-conditions for the privatization of water resources while sanctioning loans
Nine out of 500 top MNCs have already taken initiative to hold the water economy of Latin America and Africa
Now they have entered in the regions of China, India and Eastern Europe

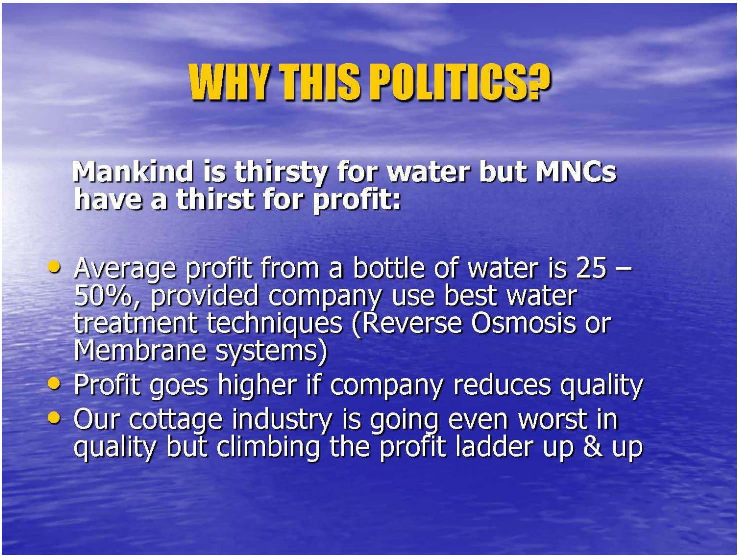
220 rivers of Third World countries cross internationals boundaries, hence disputed claims and reclaims on their runoff are becoming vulnerable among nations. For instance:
Egypt vs Ethiopia on Nile River
Israel vs Palestine & Syria on Jordan River (Israel occupied 3% river in 1967, now 100%)
India vs Nepal on Kossi Barrage
India vs Bangladesh on Farkha Barrage
India vs Pakistan on Indus water



Present trade volume of bottled water is <US$ 100 billion per annum
<200 billion liter water is being packed
MNCs have approached 4.5% of global population
MNCs are purchasing rivers and dams. For instance,
2 MNCs have taken over a river and a dam recently on lease from Kerala Government (India)
Govt of Chatesh Garh (India) has also privatized 27 km of Shevnath River

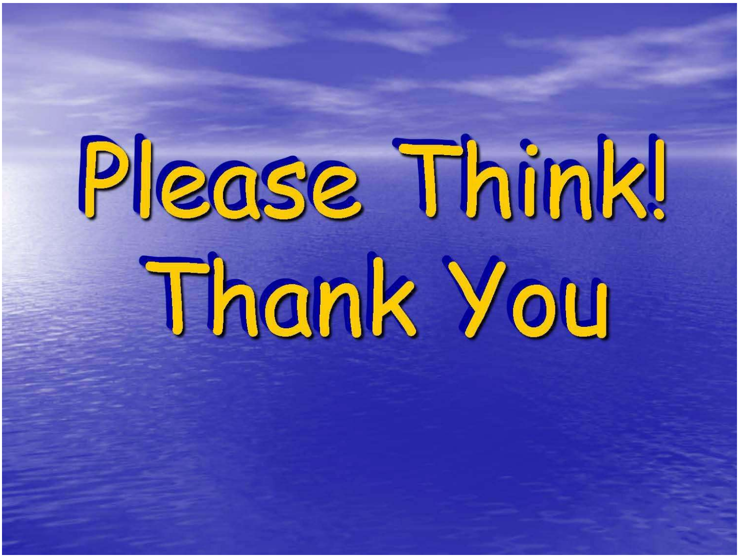


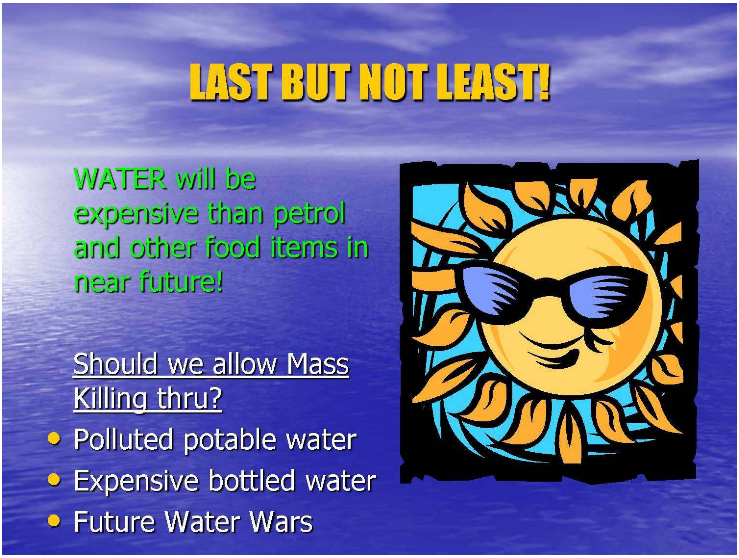
MOREOVER;
Province vs province in Pakistan (Kalabagh Dam dispute, for example)
Tail population with upstream
Revengeful over-irrigation at downstream of River Indus, hence causing water logging and drainage problems in Sindh

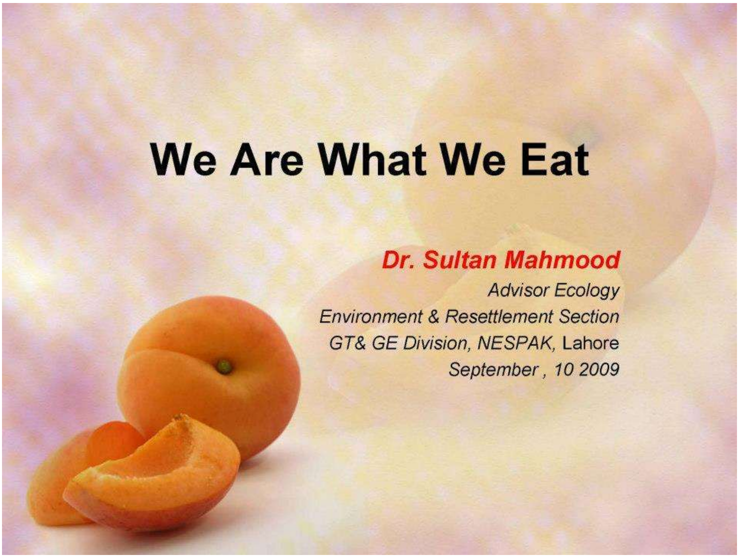

WHY THIS POLITICS?
Mankind is thirsty for water but MNCs have a thirst for profit:
Average profit from a bottle of water is 25 – 50%, provided company use best water treatment techniques (Reverse Osmosis or Membrane systems)
Profit goes higher if company reduces quality
Our cottage industry is going even worst in quality but climbing the profit ladder up & up

ROLE OF INTERNATIONAL AGENCIES in Water Wars
UNDP – issuing warnings only
WHO – crying for water quality
WB / IMF – pre-conditions privatization of water resources while sanction loans
World Watch – concentrates on food security
World Water Council – secretly promoting water privatization / liberalization in Asia
World Water Forum – sponsored by MNCs

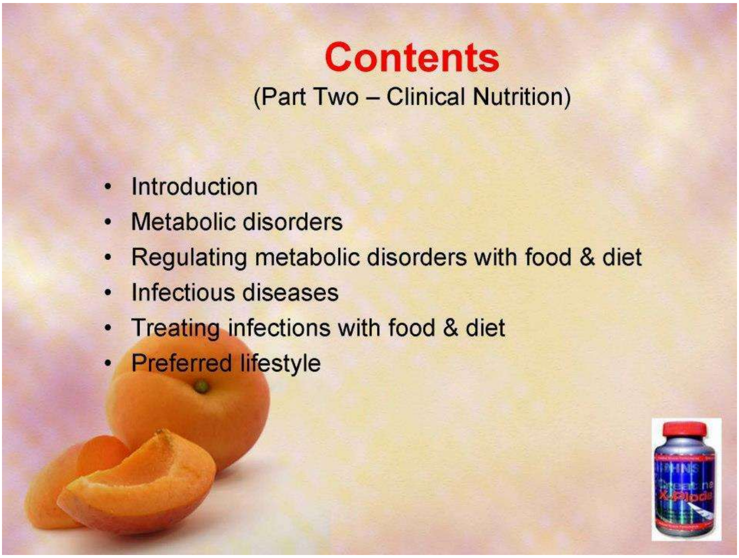
Where We Are?
Global Civil Society focuses more on following issues instead of WATER
Poverty Reduction
Human Rights
Women Rights
Child Labor
Good Governance
Illiteracy
Environments
We in Pakistan?
Honor Killing
Hadood Ordinance
Roshan Khiali
Kalabagh Dam
Taxes
Dearness

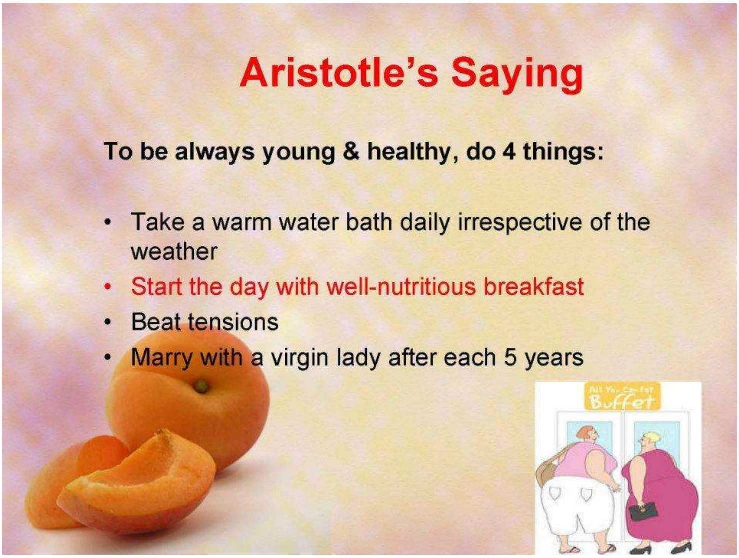

Please Think!
Thank You

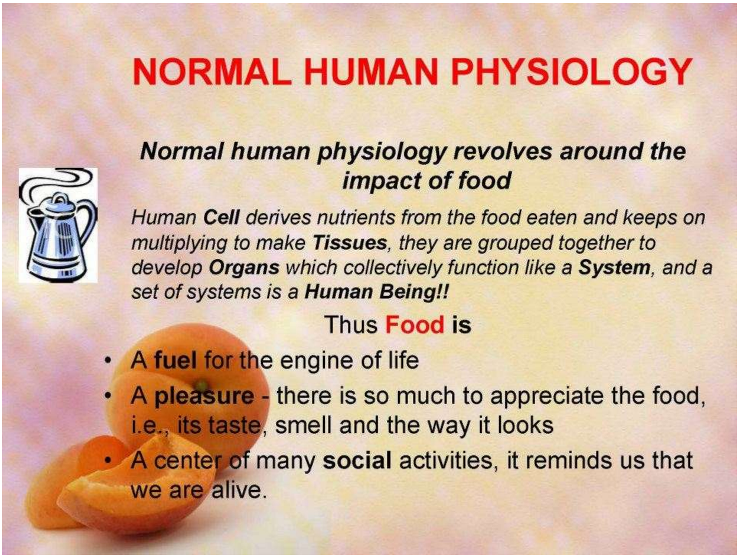

LAST BUT NOT LEAST!
WATER will be expensive than petrol and other food items in near future!
Should we allow Mass Killing thru?
Polluted potable water
Expensive bottled water
Future Water Wars

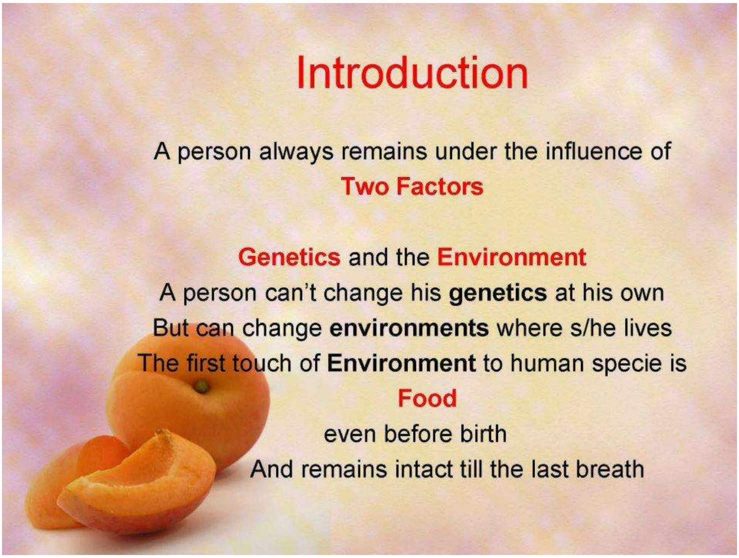

We Are What We Eat
Dr. Sultan Mahmood
Advisor Ecology
Environment & Resettlement Section
GT& GE Division, NESPAK, Lahore
September , 10 2009

Contents
(Part One – Role of Food)
• Introduction
• Normal human physiology
• Losing food balance
• When good foods are not so good
• What to do
• The most powerful anti-aging super food

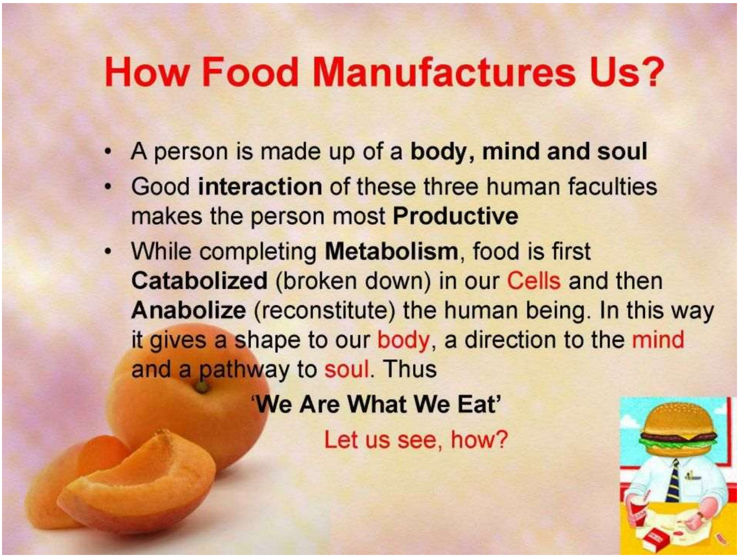

Contents
(Part Two – Clinical Nutrition)
• Introduction
• Metabolic disorders
• Regulating metabolic disorders with food & diet
• Infectious diseases
• Treating infections with food & diet
• Preferred lifestyle

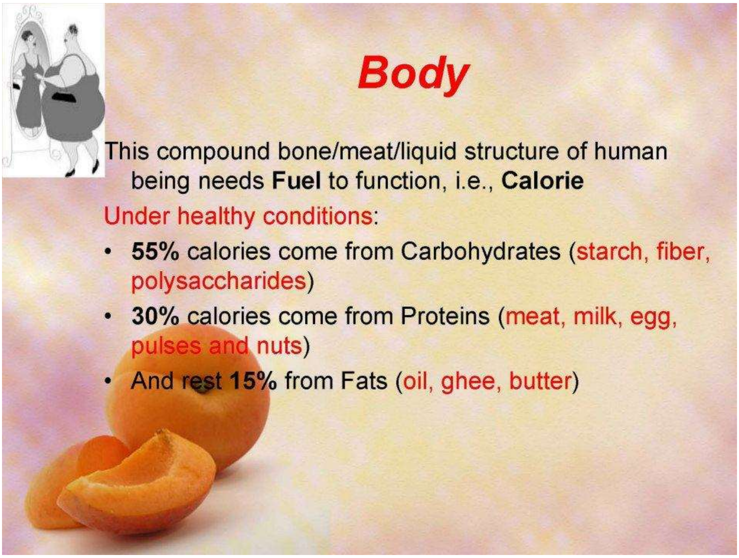

Aristotle's Saying
To be always young & healthy, do 4 things:
• Take a warm water bath daily irrespective of the weather
• Start the day with well-nutritious breakfast
• Beat tensions
• Marry with a virgin lady after each 5 years

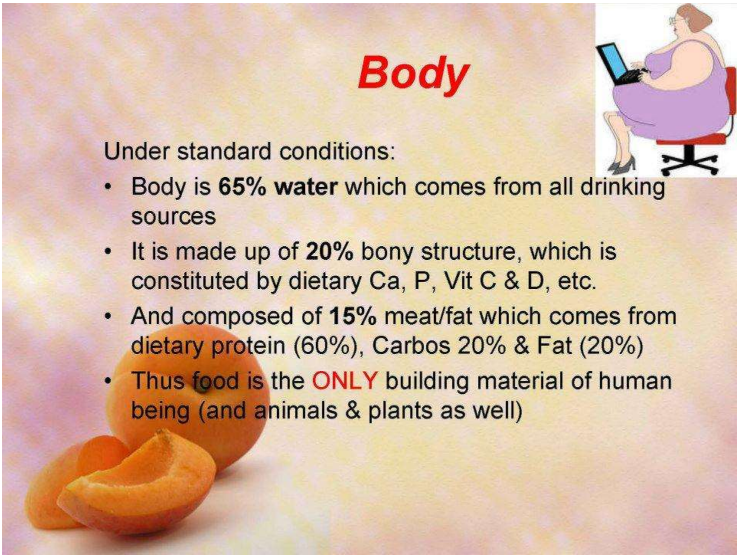

NORMAL HUMAN PHYSIOLOGY
Normal human physiology revolves around the impact of food
Human Cell derives nutrients from the food eaten and keeps on multiplying to make Tissues, they are grouped together to develop Organs which collectively function like a System, and a set of systems is a Human Being!!
Thus Food is
• A fuel for the engine of life
• A pleasure - there is so much to appreciate the food, i.e., its taste, smell and the way it looks
• A center of many social activities, it reminds us that we are alive.

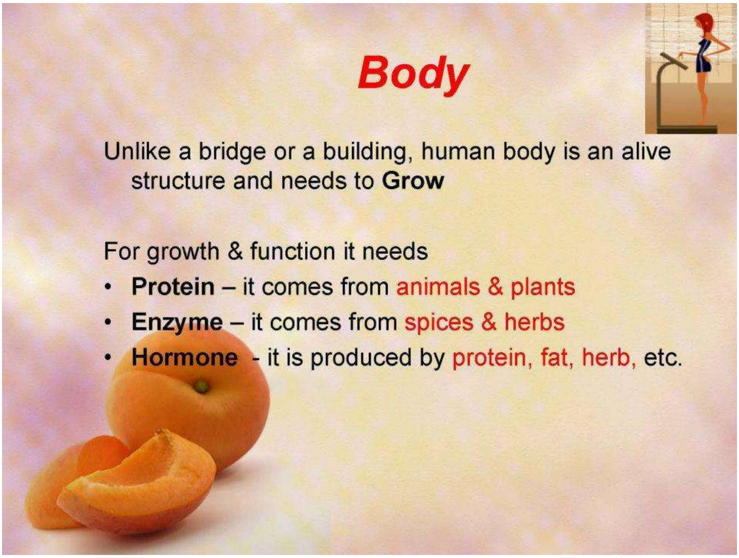

Introduction
A person always remains under the influence of
Two Factors
Genetics and the Environment
A person can't change his genetics at his own
But can change environments where s/he lives
The first touch of Environment to human specie is
Food
even before birth
And remains intact till the last breath

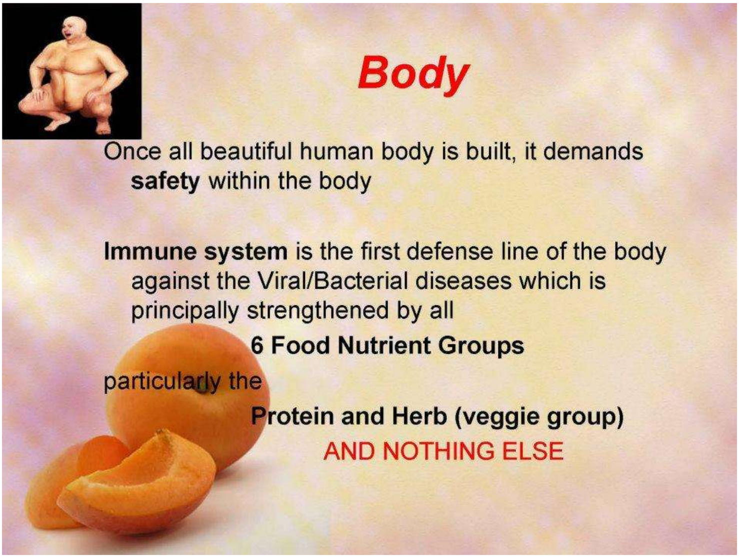
Basic Food Nutrients Are
• Carbohydrate - Fiber, starch, bread, rice, macaroni, etc.
• Protein - Meat, milk, egg, pulses, nut, etc.
• Fat - oil, ghee, tallow
• Vitamin - mostly present in fresh fruits & veggies
• Mineral - mostly present in fresh fruits & veggies
• Drinking Water

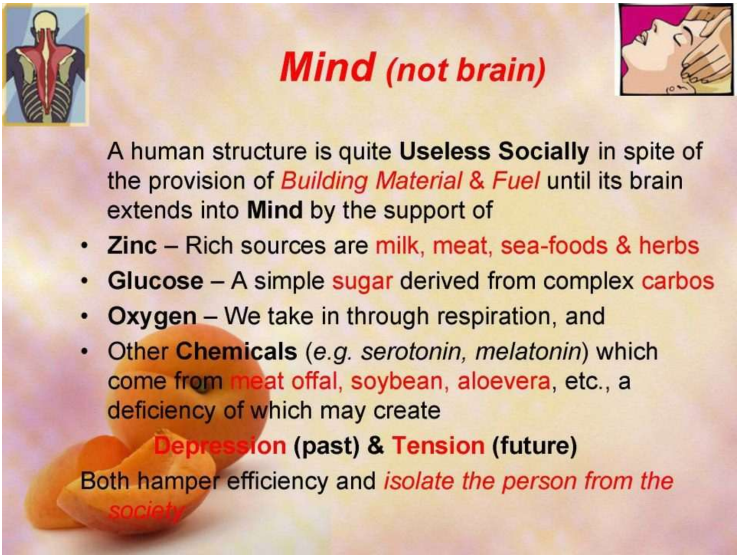

How Food Manufactures Us?
• A person is made up of a body, mind and soul
• Good interaction of these three human faculties makes the person most Productive
• While completing Metabolism, food is first Catabolized (broken down) in our Cells and then Anabolize (reconstitute) the human being. In this way it gives a shape to our body, a direction to the mind and a pathway to soul. Thus
'We Are What We Eat'
Let us see, how?


Body
This compound bone/meat/liquid structure of human being needs Fuel to function, i.e., Calorie
Under healthy conditions:
• 55% calories come from Carbohydrates (starch, fiber, polysaccharides)
• 30% calories come from Proteins (meat, milk, egg, pulses and nuts)
• And rest 15% from Fats (oil, ghee, butter)


Body
Under standard conditions:
• Body is 65% water which comes from all drinking sources
• It is made up of 20% bony structure, which is constituted by dietary Ca, P, Vit C & D, etc.
• And composed of 15% meat/fat which comes from dietary protein (60%), Carbos 20% & Fat (20%)
• Thus food is the ONLY building material of human being (and animals & plants as well)


Body
Unlike a bridge or a building, human body is an alive structure and needs to Grow
For growth & function it needs
• Protein – it comes from animals & plants
• Enzyme – it comes from spices & herbs
• Hormone - it is produced by protein, fat, herb, etc.

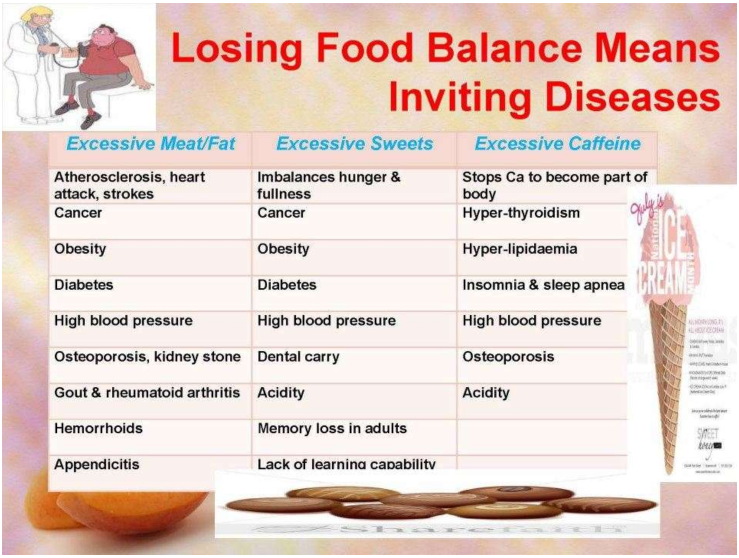

Body
Once all beautiful human body is built, it demands safety within the body
Immune system is the first defense line of the body against the Viral/Bacterial diseases which is principally strengthened by all
6 Food Nutrient Groups
particularly the
Protein and Herb (veggie group)
AND NOTHING ELSE


Mind (not brain)
A human structure is quite Useless Socially in spite of the provision of Building Material & Fuel until its brain extends into Mind by the support of
• Zinc – Rich sources are milk, meat, sea-foods & herbs
• Glucose – A simple sugar derived from complex carbos
• Oxygen – We take in through respiration, and
• Other Chemicals (e.g. serotonin, melatonin) which come from meat offal, soybean, aloevera, etc., a deficiency of which may create
Depression (past) & Tension (future)
Both hamper efficiency and isolate the person from the society

Soul or Spirit
Body is controlled by the brain, brain works under the beacon of Mind and mind is guided by the Spirit/Soul.
(Soul is a meta-physical entity best understood by the study of religion)
The soul of a person is motivated by a Chemical Action in the Hypothalamus of the brain thinking of
Right Deeds
This chemical action is triggered off by the use of fresh Vegetables & Fruits along with Milk, Honey and Bird's Meat
Please Recall!!
• God promises all these foods in the heavens
• A person is best spiritually healed during Fasting (a concept of less & simple food intake)

Good & Bad Foods

Good Foods	Bad Foods
Dairy Group:	
Skim milk or 1% fat, Low fat cheese, yogurt, Churned Lussi, Packed milk	Whole milk, Full fat cheese/ yogurt, Full fat yogurt lussi with perra (a sweet), Open adulterated milk, Raw milk
Meat Group	
White meat (broiler & sea-fish)	Broiler leg piece, Red meat esp. beef, Bar-BQ, Hareesa, Siri paey, Brain masala
Grain Group	
Whole wheat, maize, barley, oat, rice	De-hulled grains, Pure starch, Less fibrous foods, Dense spicy foods, Polished rice



Losing Food Balance Means Inviting Diseases

Excessive Meat/Fat	Excessive Sweets	Excessive Caffeine
Atherosclerosis, heart attack, strokes	Imbalances hunger & fullness	Stops Ca to become part of body
Cancer	Cancer	Hyper-thyroidism
Obesity	Obesity	Hyper-lipidaemia
Diabetes	Diabetes	Insomnia & sleep apnea
High blood pressure	High blood pressure	High blood pressure
Osteoporosis, kidney stone	Dental carry	Osteoporosis
Gout & rheumatoid arthritis	Acidity	Acidity
Hemorrhoids	Memory loss in adults	
Appendicitis	Lack of learning capability	

Good & Bad Foods

Good Foods	Bad Foods
Seed & Nut Group	
All seeds, beans and nuts esp. flaxseed, pea, gram, soybean	Nil
Inorganic Foods	
Black salt, Calcium salt, Brown sugar	Table salt, Ajinomoto, White sugar, Artificial sweetners
Liquid Group	
Clean drinking water, Standardized bottled water / mineralized	Polluted drinking water, Substandard bottled water, Fruit juices, Soda (pepsi, coke, 7-up, etc.), Black tea or blended with milk & sugar, Kashmiri tea, Coffee in any form, Hot chocolate, Alcohol

Dietary Misconceptions

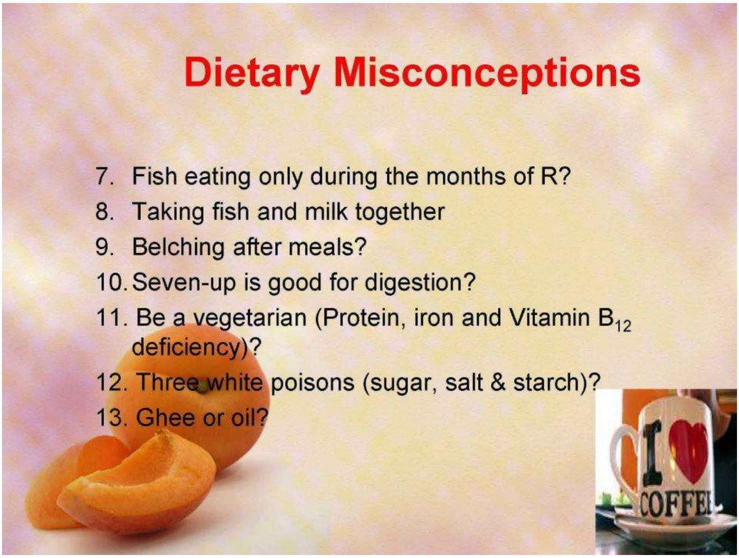
DIET

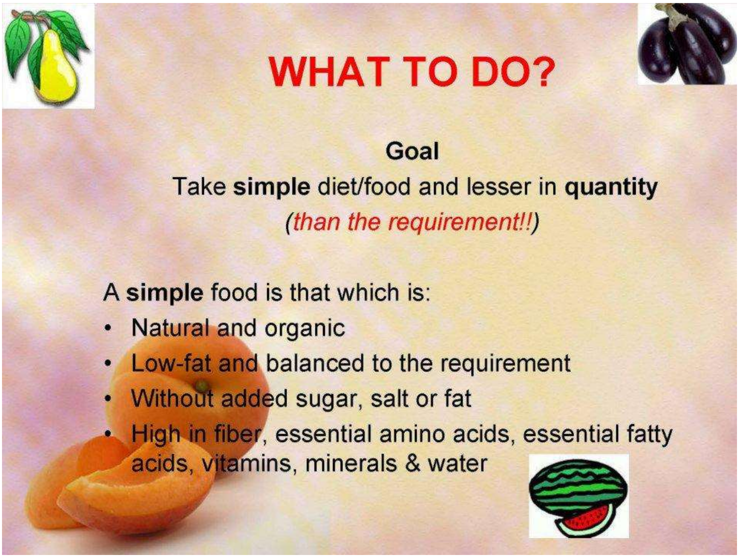
1. Food effects are Sard (cold), garam (hot), khushk (dry) and tar (wet)?
2. Strengthening human organs by animal organs?
3. Meat eating promotes anger & revenge (barbarianism)?
4. Animal slaughtering is cruelty?
5. Sweets on festivals and ceremonies?
6. Milk and son is not for sale?

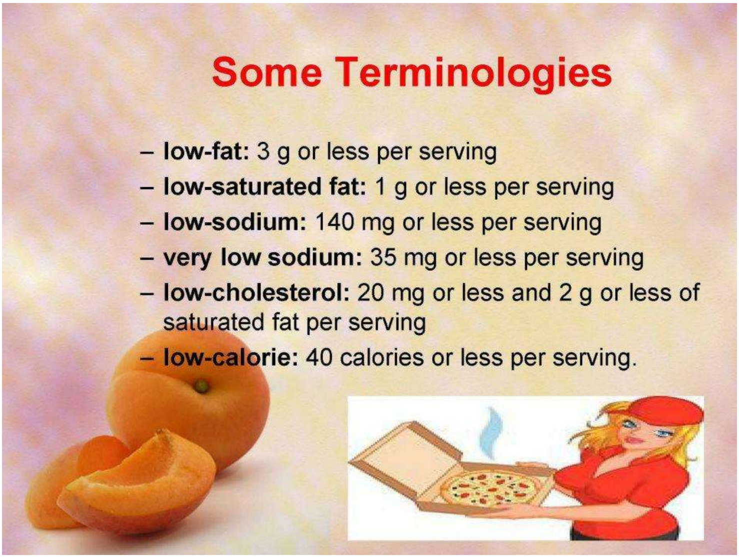
Food Adulterations

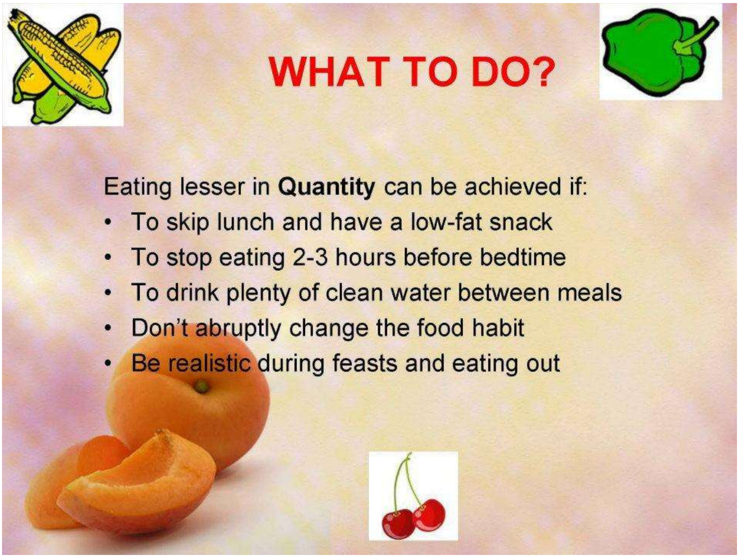
- **Milk** added with detergents (surf, hair-removing powder), fertilizer, cooking oil, hydrogen peroxide, polluted ice, gum, arrow-root flour, sub-standard dry milk
- **Beef** carcass filled with water, mixed with camel meat
- **Mutton** from sick & infected animals
- **Broiler** soaked in water to become heavy
- **Poultry Egg** replacement with turtle egg
- **Spices & pulses** mixed with brick/stone
- **Veggies** grown at nutrient deficient soils, irrigated by sewage water

Food Adulterations
• Fruits injected with sugar syrup and colors
• Cooking oil blended with cheaper seed
• Bread added with brown color
• Dry milk mixed with flour screening
• Tea leaves treated with animal blood
• Ghee making (hydrogenation) with higher %age of catalyst (lead/nickel)
• Food color replaced with paints
• Ketchup & cockroache??
• Packed juice from artificial essence
• Bhang-pakora, heroin-added fast foods & saunf-sapari
• AND LOT MORE…………

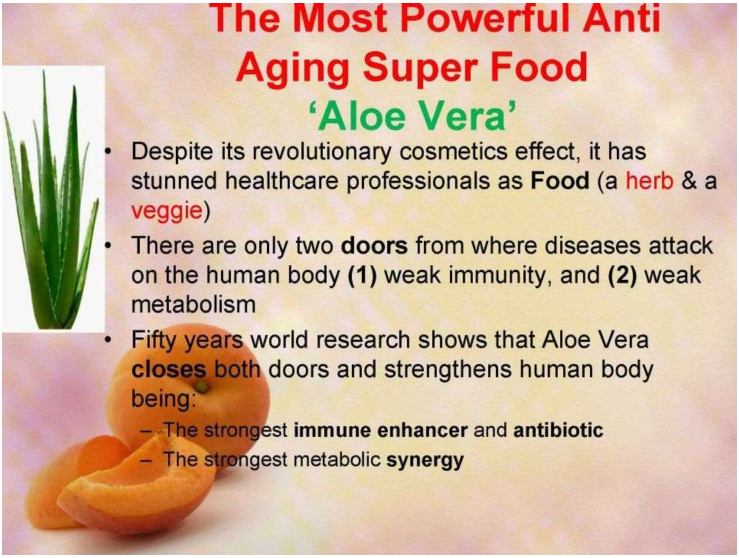

Dietary Misconceptions
7. Fish eating only during the months of R?
8. Taking fish and milk together
9. Belching after meals?
10. Seven-up is good for digestion?
11. Be a vegetarian (Protein, iron and Vitamin B_{12} deficiency)?
12. Three white poisons (sugar, salt & starch)?
13. Ghee or oil?

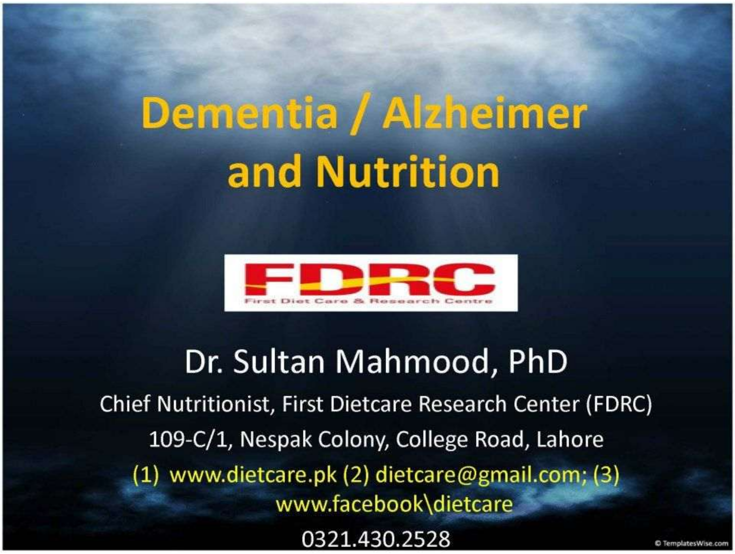

WHAT TO DO?
Goal
Take simple diet/food and lesser in quantity
(than the requirement!!)
A simple food is that which is:
• Natural and organic
• Low-fat and balanced to the requirement
• Without added sugar, salt or fat
• High in fiber, essential amino acids, essential fatty acids, vitamins, minerals & water

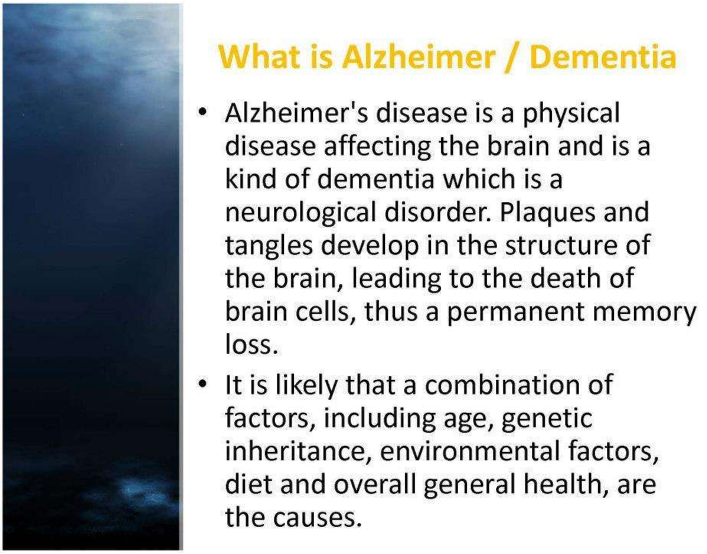

Some Terminologies
– low-fat: 3 g or less per serving
– low-saturated fat: 1 g or less per serving
– low-sodium: 140 mg or less per serving
– very low sodium: 35 mg or less per serving
– low-cholesterol: 20 mg or less and 2 g or less of saturated fat per serving
– low-calorie: 40 calories or less per serving.


WHAT TO DO?
Eating lesser in **Quantity** can be achieved if:
• To skip lunch and have a low-fat snack
• To stop eating 2-3 hours before bedtime
• To drink plenty of clean water between meals
• Don't abruptly change the food habit
• Be realistic during feasts and eating out

See You
Next
Time
with
Part Two
Windows
We suck more


The Most Powerful Anti
Aging Super Food
'Aloe Vera'
Despite its revolutionary cosmetics effect, it has stunned healthcare professionals as Food (a herb & a veggie)
There are only two doors from where diseases attack on the human body (1) weak immunity, and (2) weak metabolism
Fifty years world research shows that Aloe Vera closes both doors and strengthens human body being:
– The strongest immune enhancer and antibiotic
– The strongest metabolic synergy


Dementia / Alzheimer
and Nutrition
FDRC
First Diet Care & Research Centre
Dr. Sultan Mahmood, PhD
Chief Nutritionist, First Dietcare Research Center (FDRC)
109-C/1, Nespak Colony, College Road, Lahore
(1) www.dietcare.pk (2) dietcare@gmail.com; (3)
www.facebook\dietcare
0321.430.2528
© TemplatesWise.com


What is Alzheimer / Dementia
• Alzheimer's disease is a physical disease affecting the brain and is a kind of dementia which is a neurological disorder. Plaques and tangles develop in the structure of the brain, leading to the death of brain cells, thus a permanent memory loss.
• It is likely that a combination of factors, including age, genetic inheritance, environmental factors, diet and overall general health, are the causes.

Patient Blood Profile

- People with Alzheimer's have low levels of vitamins B12, A, and E, as well as lower levels of carotenoids and the mineral zinc.
- Alzheimer brain chemical tests show increased level of aluminum (some 30 times)!! From where Aluminum comes:
  - Water containing higher levels of aluminum
  - Tea contains aluminum
  - Non-coated pans especially when acidic foods are cooked
  - Aluminum foil in microwave, packing, cooking
  - Antacid or medicines used for indigestion contain high aluminum (many medicines have far higher concentration of aluminum from adult human body reserve i.e. 30-50 mg)
  - Weak kidney has problem in excreting aluminum thus it is accumulated in blood

Biochemical Reason of Memory Loss

- Alzheimer's patients lack an enzyme needed to manufacture acetylcholine, a neurotransmitter - a brain "messenger" - important in memory. Its deficiency causes memory problems.

- If you forget where you put your glasses, you are forgetful. If you forget you wear glasses, you may have dementia.

Connection of Alzheimer with other Diseases

- Some health disorders promote dementia / Alzheimer like high cholesterol, high blood pressure, obesity, smoking and uncontrolled diabetes.
- A diet low in saturated fats and cholesterol would reduce the risk of Alzheimer's as that of heart attack.
- Diets bad for our heart turn out to be bad for our brain also.

Alzheimer Nutrition

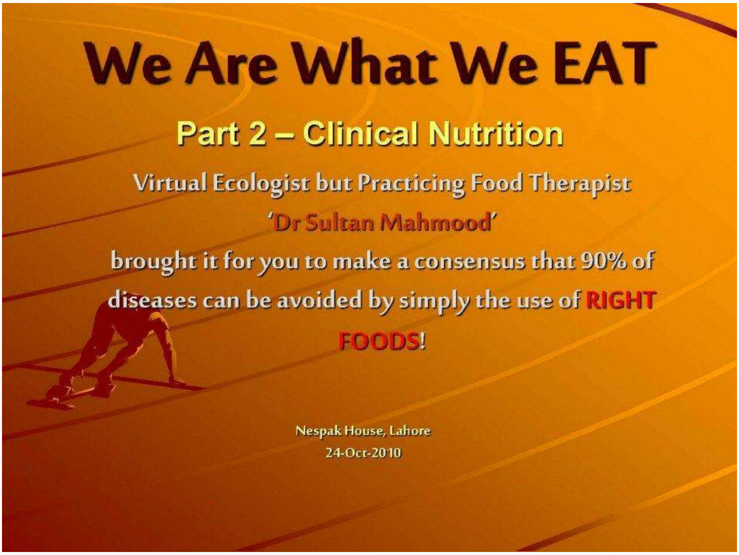
- Good diet includes lots of vegetables, legumes, fruits, cereals and fish.
- Good strategy is to limit intake of meat and dairy products, and emphasize on mono-unsaturated fats, such as olive oil.
- Choline supplements
- Ginkgo biloba is perhaps the supplement best known for "brain health”. It is good antioxidant and causes increased blood flow to the brain.
- Vitamin E, already well-known for its cardiovascular effects, also a dementia fighter.

Selected Brain Boosting Foods

1. Water
2. Yogurt
3. Fatty fish
4. Cruciferous green veggies
5. Oils, nuts, seeds
6. Spices especially turmeric, garlic, etc.
7. Berries especially blueberry
8. Some dry fruits, walnut, almond & fig

Thank You

See you again

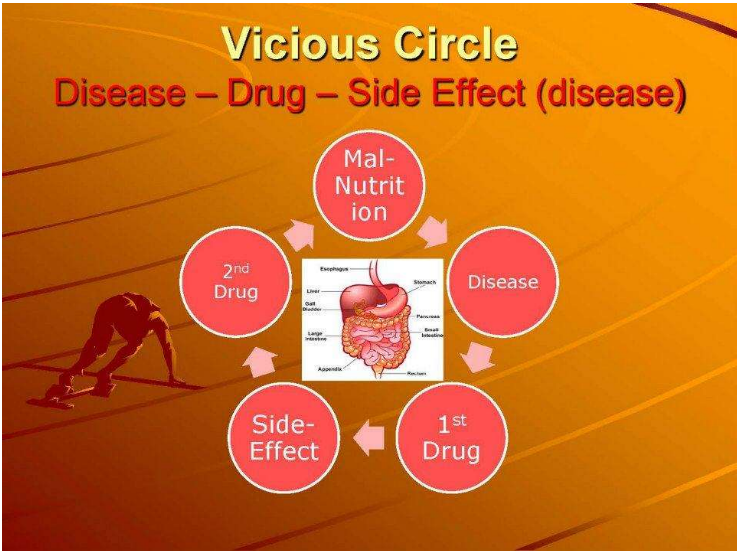

We Are What We EAT
Part 2 – Clinical Nutrition
Virtual Ecologist but Practicing Food Therapist
'Dr Sultan Mahmood'
brought it for you to make a consensus that 90% of diseases can be avoided by simply the use of RIGHT FOODS!
Nespak House, Lahore
24-Oct-2010

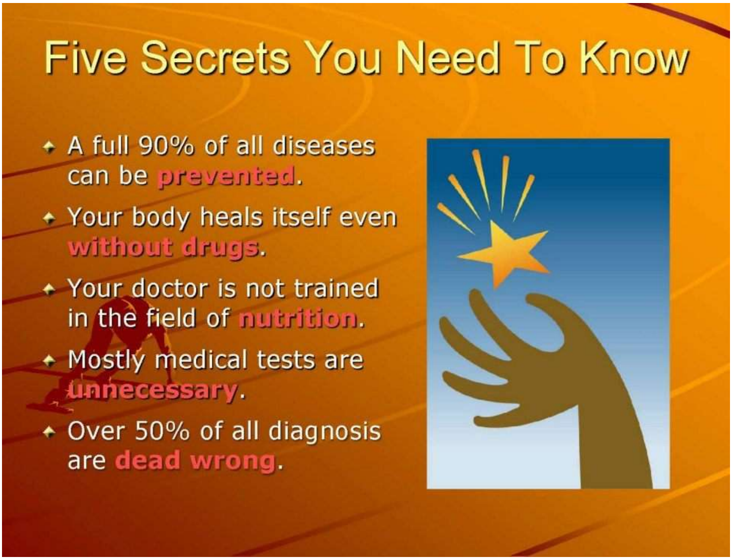
Overview
General nutritional concepts
– Food for thought
– Five things your doctor doesn't want you to know!
– Nutrition basics
– Metabolism
– Health fact sheet
– Nutritional myths
Clinical complications and food therapy
– Cardiovascular diseases (hyper-lipidemia)
– High blood pressure (hypertension)
– Diabetes mellitus (hyperglycemia)
– Arthritis / gout (hyper-uremia)
– Cancers / Malignant tumors
– Osteoporosis (porous bones)
– Dementia (Alzheimer disease)
– Kidney stones (hyper-calcemia)
– Broken Bones (fractures)
– Depression / Tension
General guidelines

Food for Thought
Today's Talk is for your Kids
Remember!
Food therapy least works when we grow older (when we are with silver in our hair, gold in our teeth, stones in our kidneys, lead in our feet and gas in our stomachs)
It best works in the childhood or Pre-natal. So today's message is for future Mothers & the Grown-ups

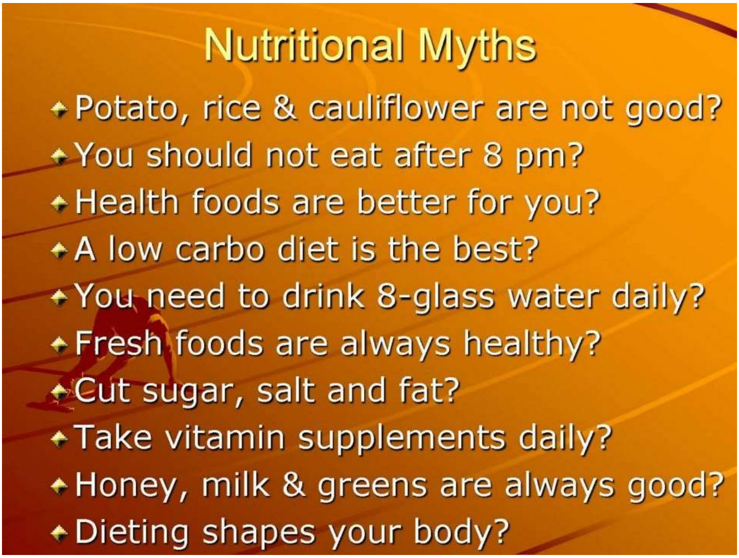
Metabolism- It's All About the Calories
Weight Loss
Weight Maintained
Weight Gain
Lose Weight by eating less food than your body burns
Maintain Weight by eating the same amount of food that your body burns
Gain Weight by eating more food than your body burns

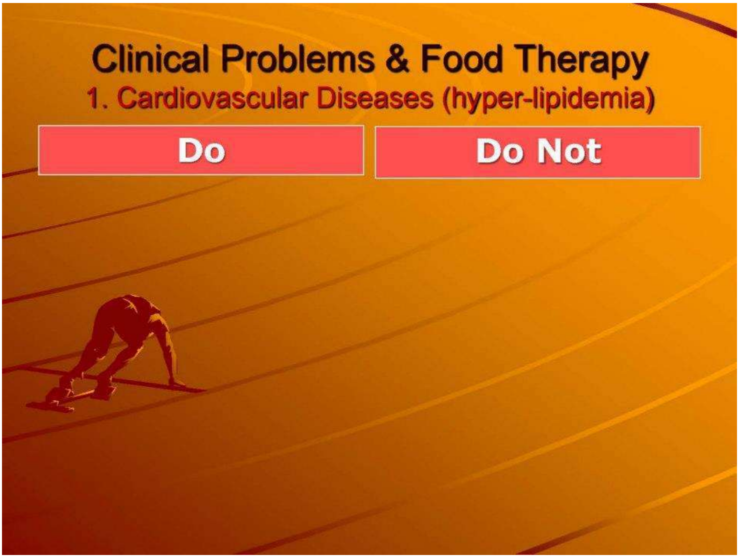
Nutrition Basics
Maximum endurance time:
Fat and protein diet
57 min
Normal mixed diet
114 min
High-carbohydrate diet
167 min
© Wadsworth – Thomson Learning


Vicious Circle
Disease – Drug – Side Effect (disease)
Mal-Nutrition
Disease
1st Drug
Side-Effect
2nd Drug


Five Secrets You Need To Know
A full 90% of all diseases can be prevented.
Your body heals itself even without drugs.
Your doctor is not trained in the field of nutrition.
Mostly medical tests are unnecessary.
Over 50% of all diagnosis are dead wrong.

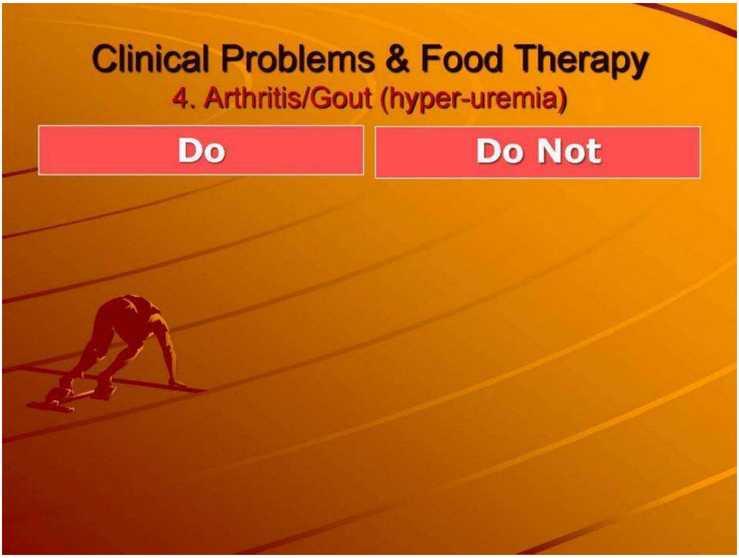
Health Fact Sheet
All drugs are toxic!
Malnutrition is the only menace to diseases
Immune system stands between you and contagious diseases


Nutritional Myths
Potato, rice & cauliflower are not good?
You should not eat after 8 pm?
Health foods are better for you?
A low carbo diet is the best?
You need to drink 8-glass water daily?
Fresh foods are always healthy?
Cut sugar, salt and fat?
Take vitamin supplements daily?
Honey, milk & greens are always good?
Dieting shapes your body?

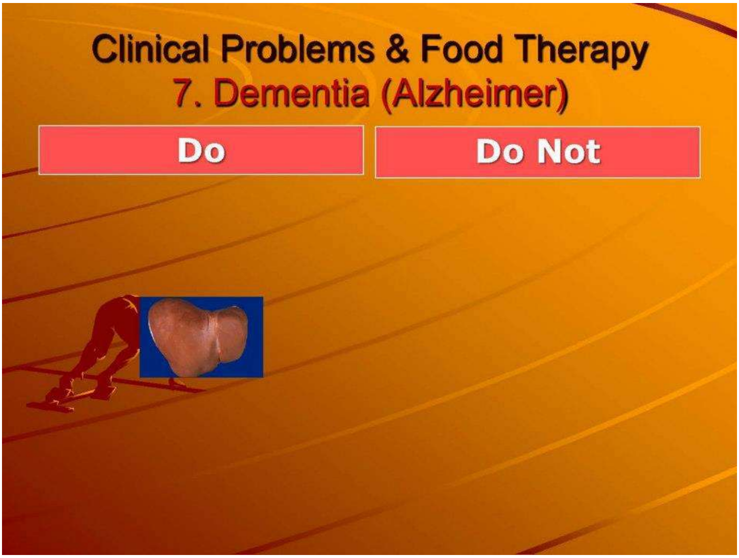

Clinical Problems & Food Therapy
1. Cardiovascular Diseases (hyper-lipidemia)
Do
Do Not

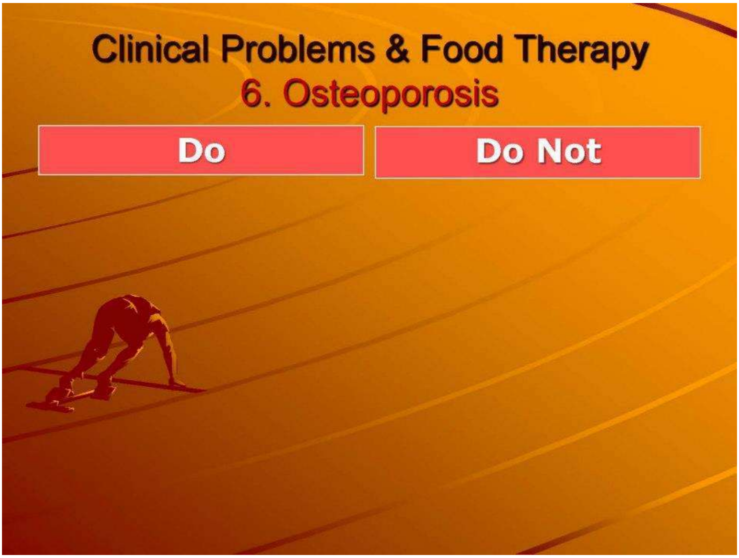
Clinical Problems & Food Therapy
2. High blood pressure (hypertension)
Do
Do Not
X=Dietary
Arterial Blood Pressure
Cardiac Output
Total Peripheral Resistance
Salt & Water Retention
Vasoconstriction
Renin
Heart rate
Angiotensin
Kidney (long term)
Epinephrine
Norepinephrine
SNS (short term)

Clinical Problems & Food Therapy
5. Cancers
Do
Do Not

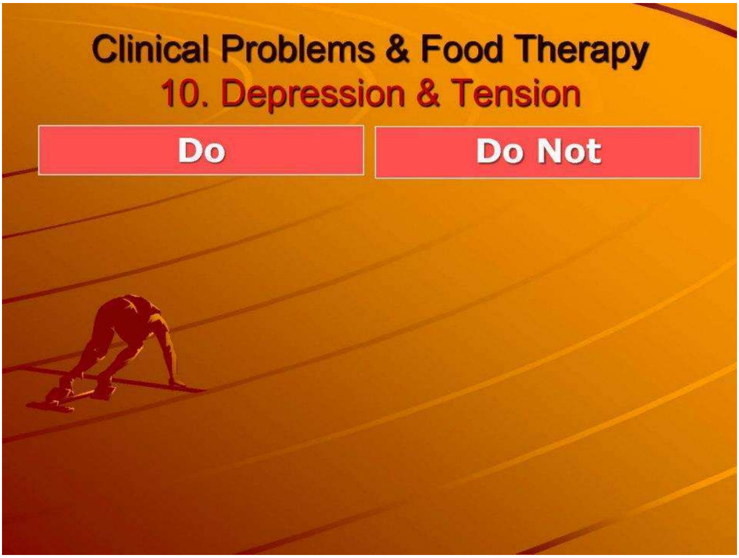

Clinical Problems & Food Therapy
4. Arthritis/Gout (hyper-uremia)
Do
Do Not

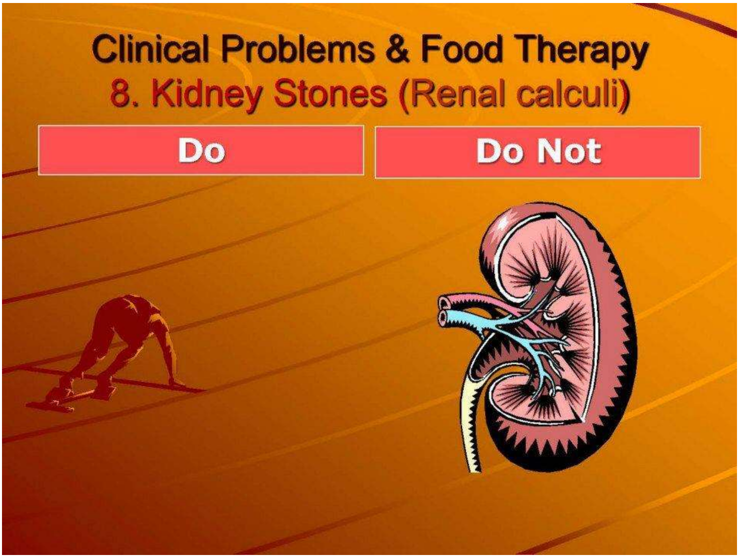
Clinical Problems & Food Therapy
3. Diabetes mellitus (hyperglycemia)
Do
Do Not


Clinical Problems & Food Therapy
7. Dementia (Alzheimer)
Do
Do Not


Clinical Problems & Food Therapy
6. Osteoporosis
Do
Do Not

Clinical Problems & Food Therapy
9. Broken Bones
Do
Do Not


Clinical Problems & Food Therapy
10. Depression & Tension
Do
Do Not


Clinical Problems & Food Therapy
8. Kidney Stones (Renal calculi)
Do
Do Not

Questions???
&
Thanks
Take Care Your
next Generation!

General Guidelines Once You Grow 35
•Get adequate water, nutrients and energy according to age and activity
1
•Take a daily multi-vitamin supplement
2
•Limit caffeine, sweet, salt, fat & fast foods
3
•Convert lunch into a snack
4
•Do not do
• Overeating
• Dieting
• Diet foods
• Eating out
• Angry eating
5
•Limit oxidation of your body (oxidative agents are smoking, stress and illness)
6
•Sleep 7.5 hours daily in a single spell
7
•Have a brisk walk minimum 150 min/week
8
•Take warm bath daily irrespective of weather
9
•Divert tension (better to give rather to take)
10
•Have a child in late 40s
11
•Help others, meditate daily & justify job
12

High Uric Acid and Diet

Dr. Sultan Mahmood
Chief Nutritionist
First DietCare & Research Center, Lahore
0321-430 2528

1st October 2007 at Qarshi Industries

High uric acid level: What does it mean?

Uric acid is a waste product formed from the breakdown (metabolism) of substances in food called purines.

Most of the uric acid made by body dissolves in blood and passes through kidneys into urine.

However, sometimes body either produces too much or excretes too little uric acid.

Causes of high uric acid levels

- Obesity
- Diets high in purines
- Certain medications, including low-dose aspirin, diuretics and some high blood pressure drugs
- Certain diseases that have a high cell turnover rate, such as leukemia, lymphoma or psoriasis

If untreated, it can lead to:

- Gout
- Uric acid stones in the urinary tract
- Deposits of uric acid in the kidneys (uric acid nephropathy)
- Deposits of uric acid in the soft tissue (tophi)

It is important to note that high uric acid levels are also associated with an increased risk of heart disease.

A Study

- Study participants who consumed the highest amount of meat were 40 percent more likely to have gout than those who ate the least amount of meat.
- Study participants who ate the most seafood were 50 percent more likely to have gout.

No increased risk associated with:

- peas
- beans
- mushrooms
- cauliflower
- spinach
- low-fat dairy products (it decreases the risk)

Foods Higher In Purines

High
- hearts
- sea fish
- mussels
- yeast
- sweetbreads

Moderate
- mutton
- veal
- liver
- fresh water fish
- kidneys
- partridge
- trout
- pheasant

What Should You Eat?
General Rule

- Diets high in complex carbohydrates (fiber-rich whole grains, fruits, and vegetables)
- Diets low in protein (15% of calories and sources should be soy, lean meats, or poultry)
- No more than 30% of calories in fat (with only 10% animal fats)

What Should You Eat?
Specific Foods

- Fresh cherries, strawberries, and other red-blue berries
- Bananas
- Celery
- Tomatoes
- Vegetables including kale, cabbage, parsley, green-leafy vegetables
- Foods high in bromelain (pineapple)
- Foods high in vitamin C (red cabbage, red bell peppers, mandarins, oranges, potatoes)
- Drink fruit juices and purified water (8 glasses of water per day)
- Low-fat dairy products
- Complex carbohydrates (breads, cereals, pasta, rice, as well as aforementioned vegetables and fruits)
- Chocolate, cocoa
- Coffee, tea
- Carbonated beverages
- Essential fatty acids (tuna and salmon, flaxseed, nuts, seeds)

Some Useful Fruits

- Yellow apples
- Apricots
- Yellow figs
- Grapefruit
- Golden kiwifruit
- Lemon
- Mangoes
- Oranges
- Papayas
- Peaches
- Yellow pears
- Pineapples
- Yellow watermelon
- Yellow beets
- Carrots
- Yellow peppers
- Yellow potatoes
- Pumpkin
- Sweet corn
- Sweet potatoes
- Yellow tomatoes
- Papayas has the the highest levels of Beta-cryptoxanthin per serving.

Some Good Veggies

Peppers (yellow Shimla Mirch) and Pumpkins are the vegetables with the highest levels of Beta-cryptoxanthin per serving

About Green Tea

- **Green Tea and Arthritis: Study Conclusion**
- Examination of joint tissue microscopically revealed marginal infiltration of joint cells in mice receiving the green tea in contrast with massive infiltration in the mice not fed green tea. The effect of the green tea appeared dramatic.
- **Point of Interest**
- In many countries such as India, China, and Japan, green tea is regarded as healthful with the potential to prevent certain illnesses. Seemingly, rheumatoid arthritis in these countries exists at a much lower rate than elsewhere around the world and some people believe strongly in the effect of green tea.

About Coffee

A new large-scale study published in the June 2007 issue of *Arthritis Care & Research* examined the relationship between coffee, tea, caffeine intake, and uric acid levels and found that coffee consumption is associated with lower uric acid levels but this appears to be due to components other than caffeine.

About Smoking

Smoking Doubles the Risk of Severe Arthritis

About Water

To increase excretion of salts, dilute urine by increasing fluid volume to at least 2 lit per 24 hours

About Offals

- Animals eating feed containing brain and spinal cord may show 'mad-cow disease'
- Certain natives of New Guinea who habitually include human brains in their diet showed 'mad-cow disease' like mental condition.

A Uric Acid Quiz

1. Uric acid results from the breakdown of purines?
2. Purines are part of all human tissues and are found in many foods?
3. Gout patients should restrict consuming purine rich foods?
4. It is impossible to eliminate purine from our diet because it is present in all protein foods?
5. Coffee and tea can raise the level of uric acid and provoke a gout attack?

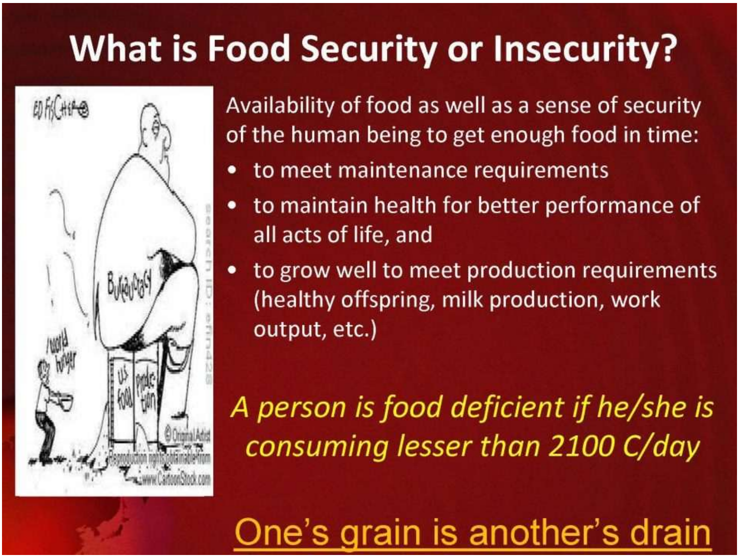
A Uric Acid Quiz

- Drinking water 10-12 glasses daily is recommended to people trying to prevent future gout attack?
- Which food is highest in purine (fish, turkey, red meat)?
- Gout patients should maintain their ideal body weight?
- Patients with high uric acid should eat a diet high in complex carbos (whole grain, veggies)?
- No more than 30% fat (with 10% from animals) should contribute to calorie intake?

References

- 'Meat Science' by R. A. Lawrie, 5th edition, UK, 1991, page 233-34.
- 'Medical Secrets' by A. J. Zollo, 4th Edition, USA, 2005, page 251.
- 'Hospital Dietetics' by AIOU, Unit 9, Pakistan.
- 'Nutrition and Diagnosis-Related Care' by S. E. Stump, 3rd edition, USA, 503-4.
- 'High uric acid level' by R. Mesa, Mayo Clinic, USA, Aug 2006.
- 'Gout diets – what to avoid and what to add' by C&R Eustice, New York Times Co., Aug 2006.

Role of Youth in Food Security & Development
on behalf of Jang Forum, and Mustaqbil Pakistan
PC Hotel, Lahore on 22 September2012
Sultan Mahmood, PhD
First Diet-Care Research Center (FDRC)
109-C/1, Nespak Colony, College Road, Lahore
Cell: 0321.430.2528; drsultan@dietcare.pk

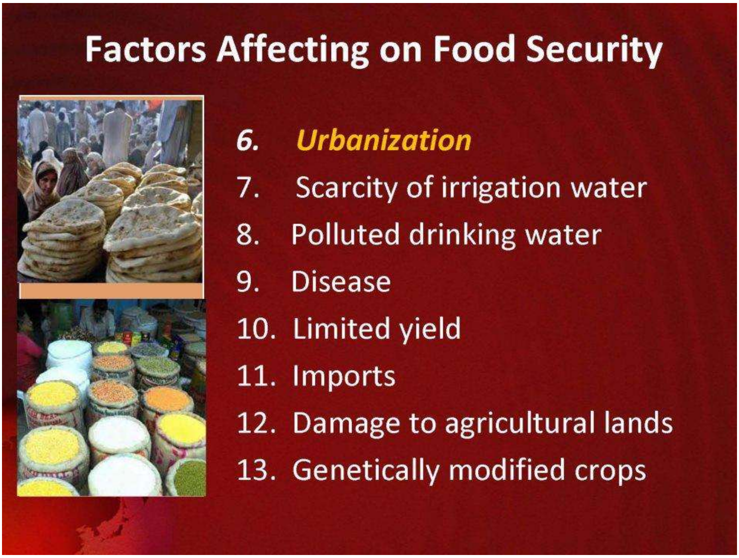

What is Food Security or Insecurity?
Availability of food as well as a sense of security of the human being to get enough food in time:
• to meet maintenance requirements
• to maintain health for better performance of all acts of life, and
• to grow well to meet production requirements (healthy offspring, milk production, work output, etc.)
A person is food deficient if he/she is consuming lesser than 2100 C/day
One's grain is another's drain

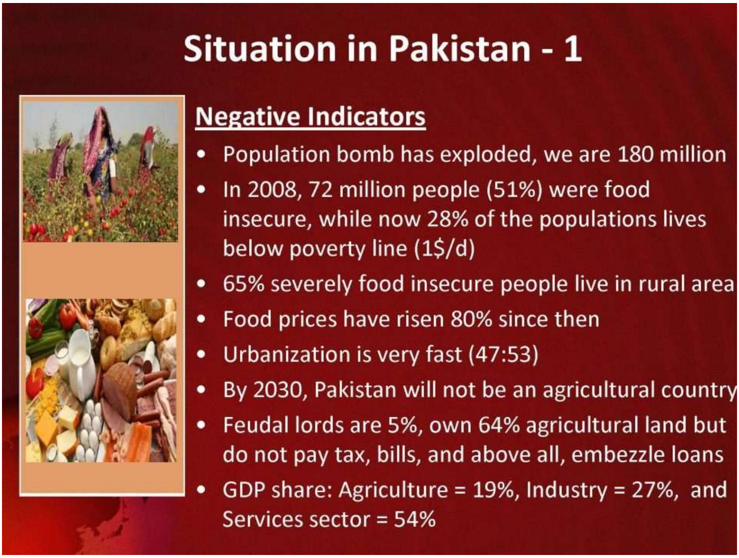
Food Security Indicators

- Food production
- Income
- Total expenditure
- Food expenditure
- Share of expenditure on food
- Calorie consumption, and
- Nutritional status

Factors Affecting Food Security

1. ***Population pressure***
2. Climate change (environment)
   - Famine
   - Floods
   - Earth quacks
3. War
4. Poverty
5. Food transport


Factors Affecting on Food Security
6. Urbanization
7. Scarcity of irrigation water
8. Polluted drinking water
9. Disease
10. Limited yield
11. Imports
12. Damage to agricultural lands
13. Genetically modified crops


Situation in Pakistan - 1
Negative Indicators
• Population bomb has exploded, we are 180 million
• In 2008, 72 million people (51%) were food insecure, while now 28% of the populations lives below poverty line (1$/d)
• 65% severely food insecure people live in rural area
• Food prices have risen 80% since then
• Urbanization is very fast (47:53)
• By 2030, Pakistan will not be an agricultural country
• Feudal lords are 5%, own 64% agricultural land but do not pay tax, bills, and above all, embezzle loans
• GDP share: Agriculture = 19%, Industry = 27%, and Services sector = 54%

Solution
1. Population PLANNING
• Producing kids according to income
• Emphasizing on YOUTH
• Education + Skill development
• Encouraging to go back to rural area
• School & universities in rural areas
2. More FOOD production thru agriculture, livestock and fishery
3. Diverting FUNDS towards rural areas
4. Big and more DAMS for ample energy generation and food production

Situation in Pakistan - 2
Positive Indicators
• Pakistan is YOUNG, 60% people are lesser than 25 years old
• Middle class is expanding, most of them are working abroad
• Youth hate feudalism, energetic & efficiently use social media
• 51% young females are ready to play their supportive role

THANK YOU FOR YOU INTEREST
THINK!!
How to end hunger in your community?

Malnutrition

is the condition that results from taking an imbalanced diet in which certain nutrients are lacking, in excess (too high an intake), or in the wrong proportions

The **World Health Organization** cites malnutrition as the greatest single threat to the world's public health

In malnutrition,

(1) Emergency measures include providing

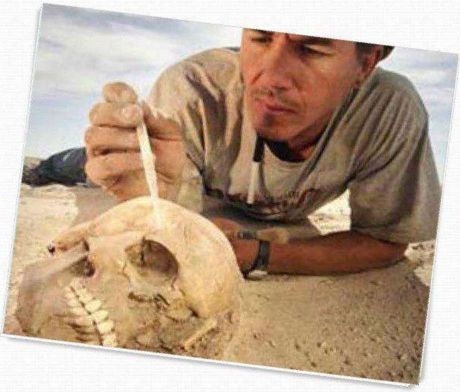
- ❖Deficient micronutrients through fortified sachet powders, or
- ❖Directly through food supplements.

(2) Long term measures include investing in modern agriculture in places that lack them, such as fertilizers and irrigation, which has largely eradicated hunger in the developing countries.

Food, Nutrition & Diet Series

Lecture 2:

Metabolic Diseases



By

Dr Sultan Mahmood

PhD Nutrition

At

Faiz Ghar, 18-Jul-2011

List of Metabolic Diseases

A: DEFICIENCY DISORDERS

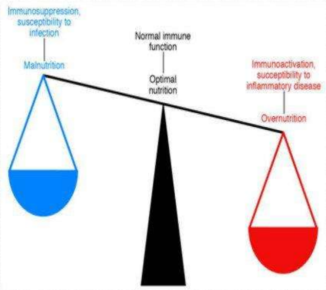
Proteins/fats/carbohydrates
- Kwashiorkor
- Marasmus
- Mental retardation

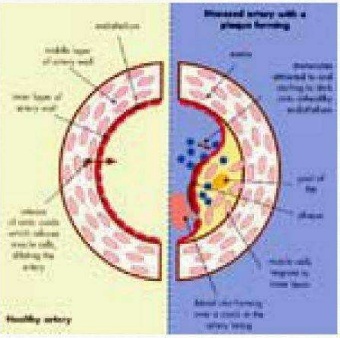
Dietary Minerals
- *Calcium deficiency*
  - Osteoporosis
  - Rickets
- *Iodine deficiency*
  - Goiter
- *Selenium deficiency*
  - Keshan disease
- *Iron deficiency*
  - Iron deficiency anemia
- *Zinc deficiency*
  - Growth retardation

Dietary Vitamins
- *Thiamine (Vitamin B1) deficiency*
  - Beriberi
- *Niacin (Vitamin B3)*
  - Pellagra
- *Vitamin C*
  - Scurvy
- *Vitamin D*
  - Osteoporosis
  - Rickets

B: OVER-FED DISORDERS
- Obesity
- Acidity
- Cardio-Vascular Diseases
- Diabetes
- Hypertension
- Arthritis / Gout
- Brain Stroke, and many more...

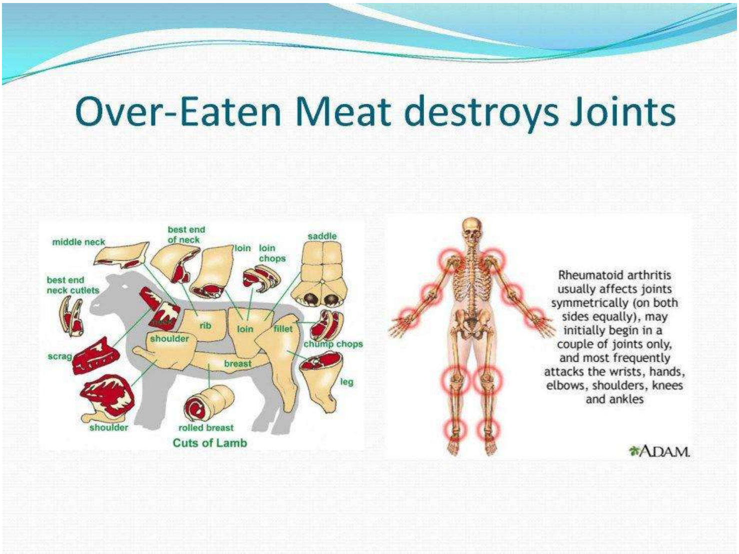
Over-Eating accelerates Heart Diseases *(see an Atherosclerotic Artery)*





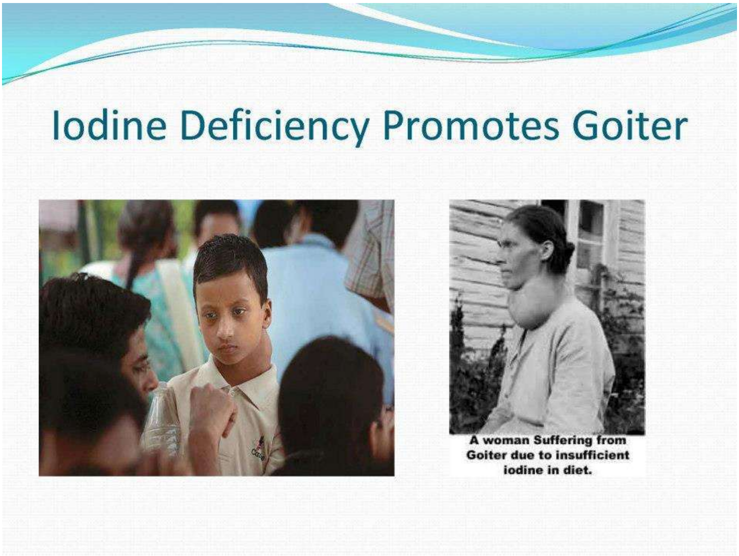
Over-Nutrition Results in Obesity

Alcoholism stops Vitamin Absorption
Vitamin B12
Brain
Spinal cord
Red blood cells
Vitamin B12 is important for metabolism, the formation of red blood cells, and the maintenance of the central nervous system, which includes the brain and spinal cord
ADAM.

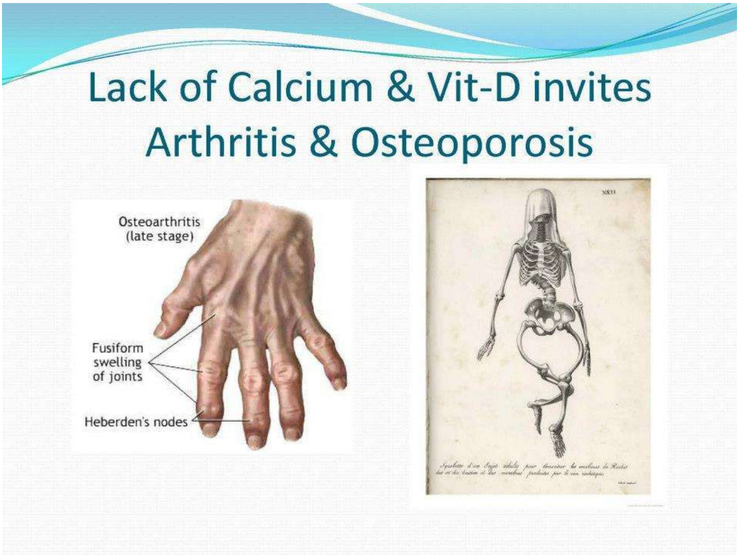

Over-Eaten Meat destroys Joints
middle neck
best end of neck
loin
loin chops
saddle
best end neck cutlets
rib
loin
fillet
shoulder
chump chops
scrag
breast
leg
shoulder
rolled breast
Cuts of Lamb
Rheumatoid arthritis usually affects joints symmetrically (on both sides equally), may initially begin in a couple of joints only, and most frequently attacks the wrists, hands, elbows, shoulders, knees and ankles
ADAM.

If over-feeding to children is LOVE then face the consequences
www.StrangeCosmos.com

Use Organic Foods to avoid Psychological Problems

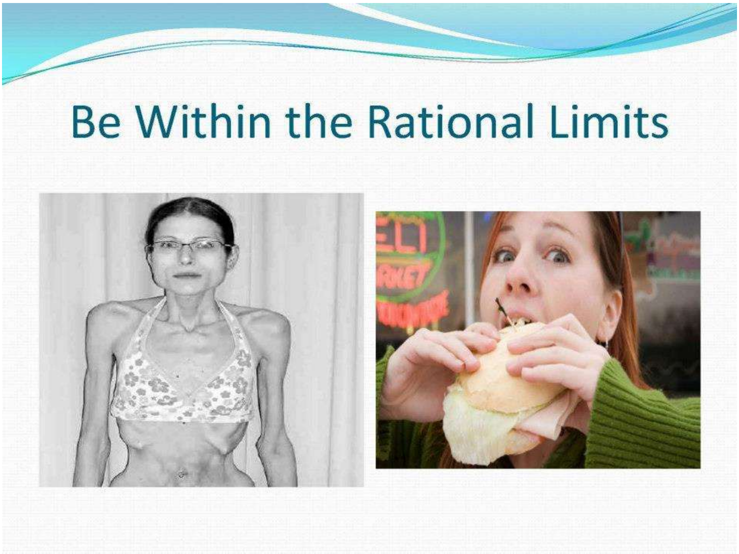

Iodine Deficiency Promotes Goiter
A woman Suffering from
Goiter due to insufficient
iodine in diet.

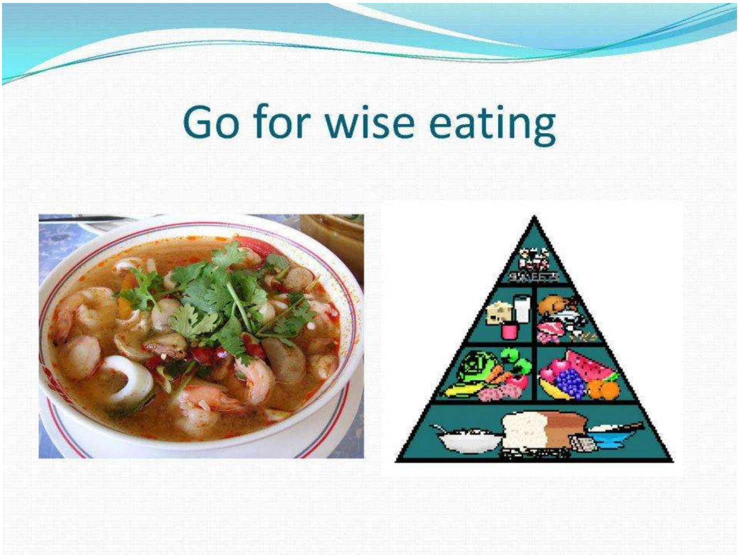
Prefer Food over Supplements
nutella
FERRERO


Lack of Calcium & Vit-D invites
Arthritis & Osteoporosis
Osteoarthritis
(late stage)
Fusiform
swelling
of joints
Heberden's nodes

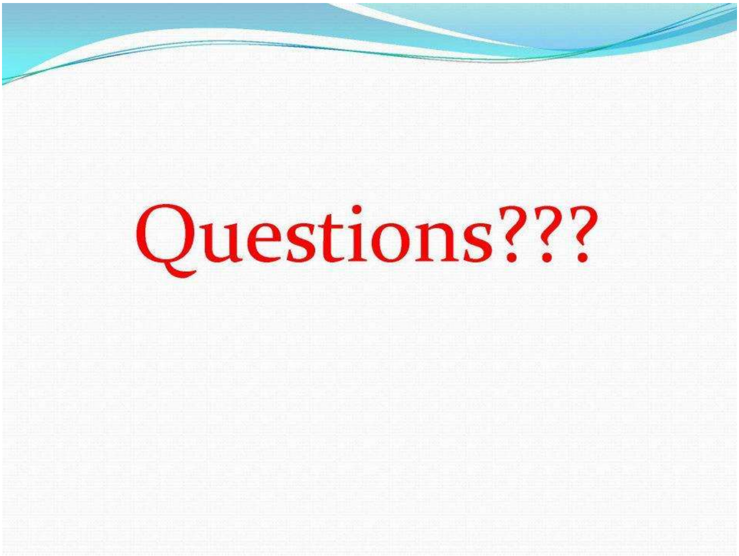
OK – You may opt for Supplements
if disorder has gone beyond control
Von Willebrand Disease
Source: TUSDM
Increased bleeding time; normal platelets; vWF gene is on
chromosome #12
100
(c) 2007, Michael A. Kahn, DDS

Choose Your Life Style

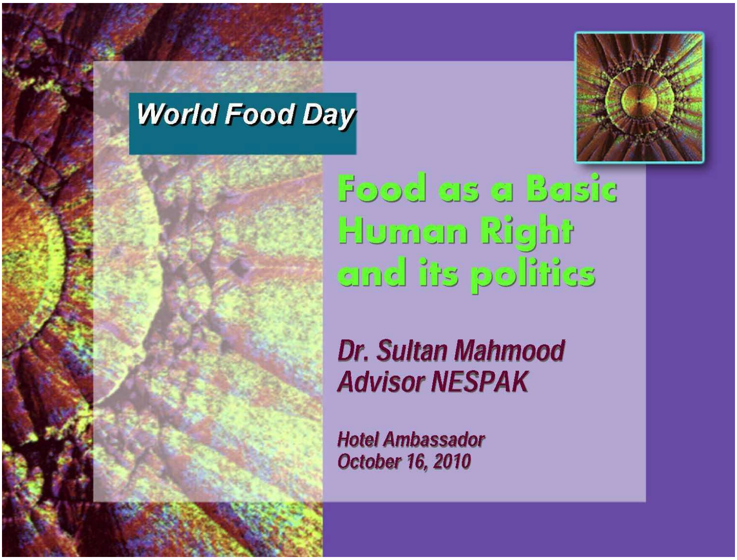

Be Within the Rational Limits


Go for wise eating

Think – Which is Better?


Questions???

……..World Food Events
Richest countries use food as political weapon and violate basic human right
Poor governments get loans from WB/IMF/ADB and impose GST on their unprivileged poor
International donor agencies promote conflicts between lower & upper riparian to slow-down development work

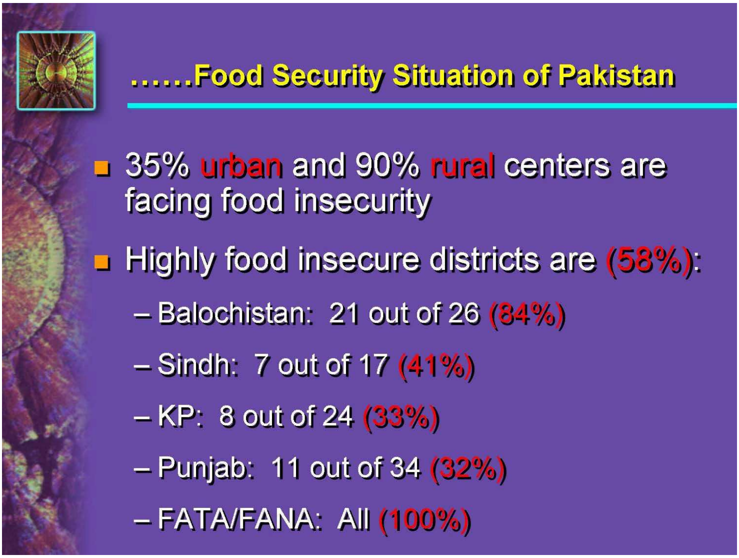

World Food Day
Food as a Basic Human Right and its politics
Dr. Sultan Mahmood
Advisor NESPAK
Hotel Ambassador
October 16, 2010

World Food Events…….
1.05 billion people in the developing countries were malnourished/hungry in 2009 out of a total of 6 billion (17%)
105 million poor people are being added in this hungry lot annually
37 richest countries destroy surplus food in oceans or offer to their livestock

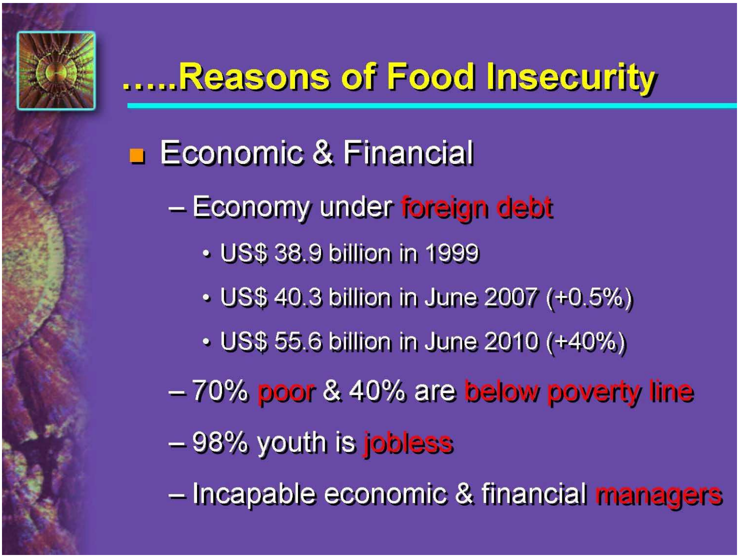
………World Food Events
Upper riparian countries divert water routes out of the basin (e.g. India) thus promote desertification downstream
Food hoarders become part of the governments in the developing countries and thus exploit the poor
Incapable governance of poor countries use the weapon of short-term policies to hide food crises

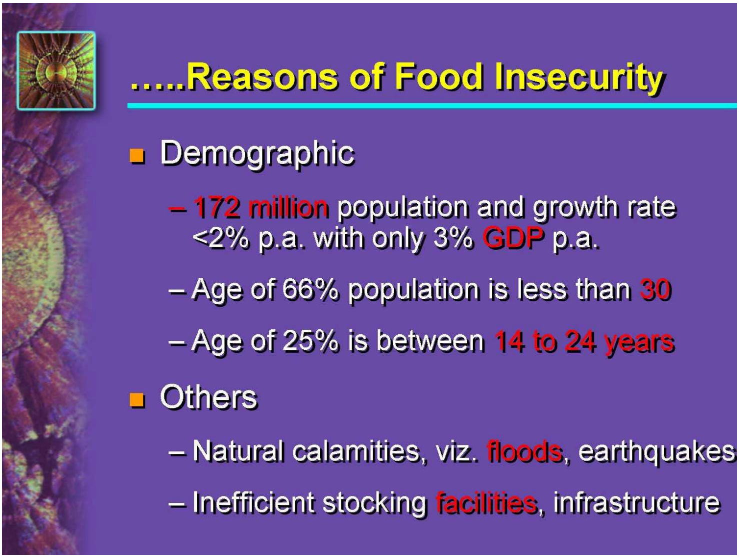
Food Security Situation of Pakistan…
WFP has reported that use of wheat & flour has been reduced in Pakistan in 2010 due to the weakening of purchasing power
48.6% people are victim of food insecurity (Ref: Swiss Agency for Development & Cooperation, 2009)
India bribes Pakistani politicians and engineers to de-track water policy and ex-president Ayub Khan was the first sinner

………World Food Events
America exploded 'Food Bomb' against ex-Soviet Union and torn it into 8 pieces in 20th century
Miscellaneous
– Every second child is poor
– 65% have no access to clean drinking water
– 15% have no medical facilities
– 1.6 billion people have no electricity
– 1.1 billion people have no basic facilities


……Food Security Situation of Pakistan
35% urban and 90% rural centers are facing food insecurity
Highly food insecure districts are (58%):
– Balochistan: 21 out of 26 (84%)
– Sindh: 7 out of 17 (41%)
– KP: 8 out of 24 (33%)
– Punjab: 11 out of 34 (32%)
– FATA/FANA: All (100%)

Reasons of Food Insecurity…..
Political
– War on terror
– Weak parliament
– Politicians in disguise
– Political uncertainty
– Bad governance
– Kick-backs


.....Reasons of Food Insecurity
Economic & Financial
– Economy under foreign debt
• US$ 38.9 billion in 1999
• US$ 40.3 billion in June 2007 (+0.5%)
• US$ 55.6 billion in June 2010 (+40%)
– 70% poor & 40% are below poverty line
– 98% youth is jobless
– Incapable economic & financial managers


.....Reasons of Food Insecurity
Demographic
– 172 million population and growth rate <2% p.a. with only 3% GDP p.a.
– Age of 66% population is less than 30
– Age of 25% is between 14 to 24 years
Others
– Natural calamities, viz. floods, earthquakes
– Inefficient stocking facilities, infrastructure

.....Reasons of Food Insecurity

- Floods 2010
  - Millions of livestock & poultry is wiped out which has snatched important food of the victims
  - Next many million of surviving animals are now facing severe feed shortage, threatening generations of Pakistan's livestock
  - And so on……

Solutions……..

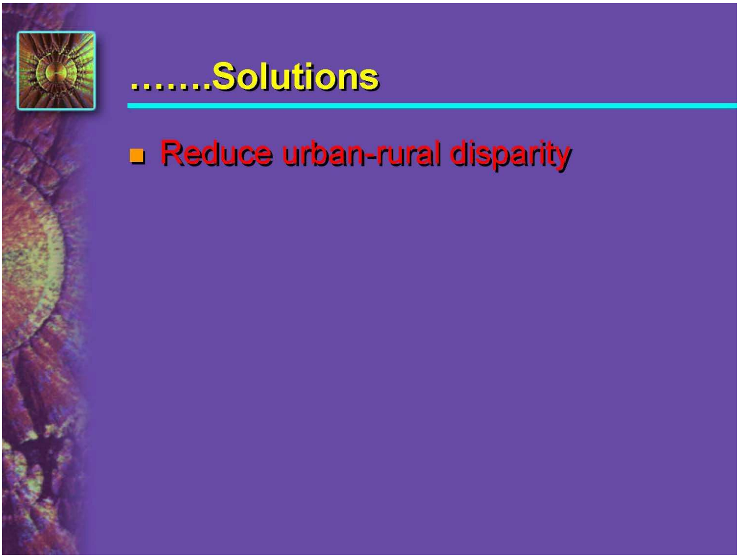
- Increase Agricultural Growth
  - Enhancing production and productivity especially wheat, rice, maize, oilseed, vegetables, pulses, etc.
  - Gear up rural poultry production & productivity of small ruminants (sheep, goat) and inland fisheries

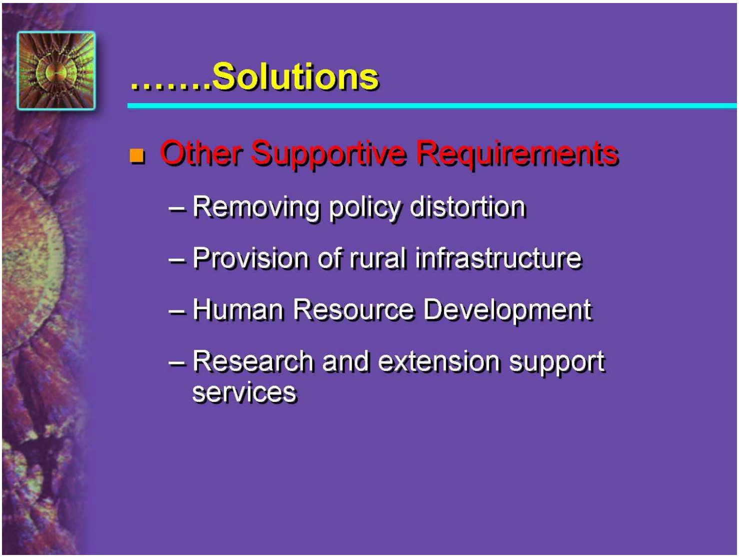
......Solutions

- Family Planning
  - It is not against Islamic instructions
  - Encourage late marriage
  - Limit family size
  - Promote working mother culture

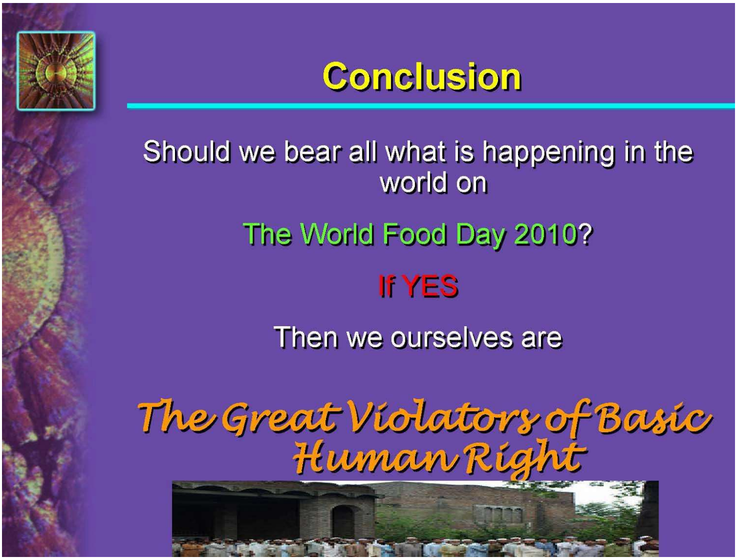
.......Solutions

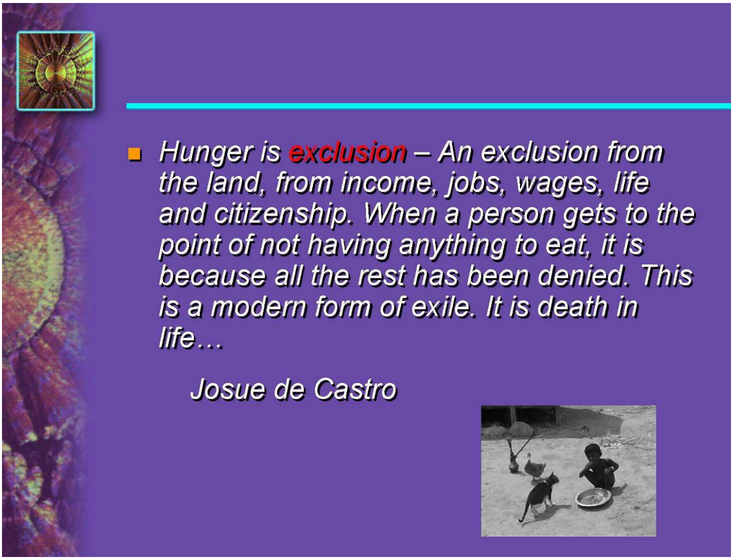
- Manage 3 dimensional threats (supply, access & distribution) by:
  - Proper application of physical inputs (seed, fertilizer, credit & pesticide)
  - Sustainable and efficient utilization of the natural resources (land, water)

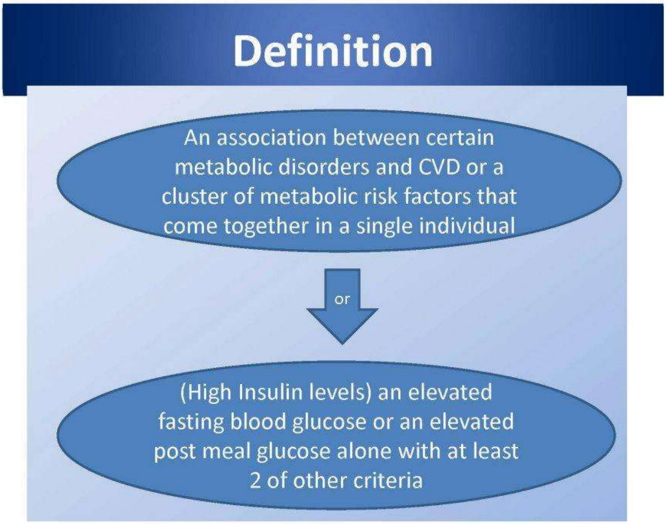

.......Solutions
Reduce urban-rural disparity

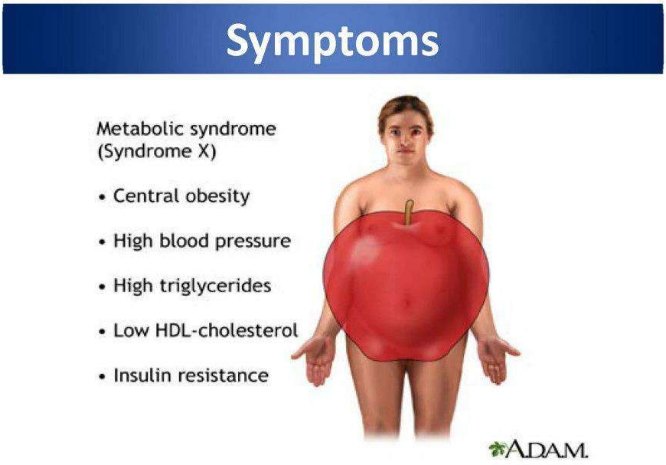

.......Solutions
Other Supportive Requirements
– Removing policy distortion
– Provision of rural infrastructure
– Human Resource Development
– Research and extension support services

Is Food a Basic Human Right?
Article 38 (d) of the Constitution of Pakistan says:
"The State shall provide basic necessities of life, such as food, clothing, housing, education and medical relief, for all citizens, irrespective of sex, caste, creed or race, as are permanently or temporarily unable to earn their livelihood on account of infirmity, sickness or unemployment".


Conclusion
Should we bear all what is happening in the world on
The World Food Day 2010?
If YES
Then we ourselves are
The Great Violators of Basic Human Right


Hunger is exclusion – An exclusion from the land, from income, jobs, wages, life and citizenship. When a person gets to the point of not having anything to eat, it is because all the rest has been denied. This is a modern form of exile. It is death in life…
Josue de Castro


Definition
An association between certain metabolic disorders and CVD or a cluster of metabolic risk factors that come together in a single individual
or
(High Insulin levels) an elevated fasting blood glucose or an elevated post meal glucose alone with at least 2 of other criteria


Symptoms
Metabolic syndrome
(Syndrome X)
• Central obesity
• High blood pressure
• High triglycerides
• Low HDL-cholesterol
• Insulin resistance
A.D.A.M.

What is it?

Any three of the following traits in the same individual

Abdominal obesity	Waist over 90 cm (36 inches) in men and over 80 cm (32 inches) in women
Serum triglycerides	150 mg/dl or above
HDL cholesterol	40mg/dl or lower in men and 50mg/dl or lower in women
Blood pressure	130/85 or more
Fasting blood glucose	110 mg/dl or above. (100 mg/dl in Pakistan)

Risk Factors

Factors	*Details*
Age	It increases with age, affecting less than 10% of people in their 20s and 40% in 60s
Race	Hispanics and Asians are at greater risk than other races
Obesity	BMI greater than 25 Abdomen of apple shape rather than pear
Diabetes	Family history of Type-2 DM Gestational Diabetes
Other Diseases	High blood pressure, cardiovascular disease or polycystic ovary syndrome

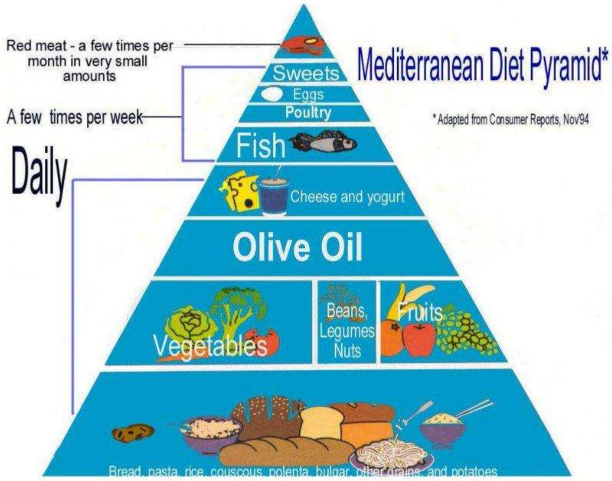
Preventing Metabolic Syndrome
(Syndrome X)

Dr. Sultan Mahmood

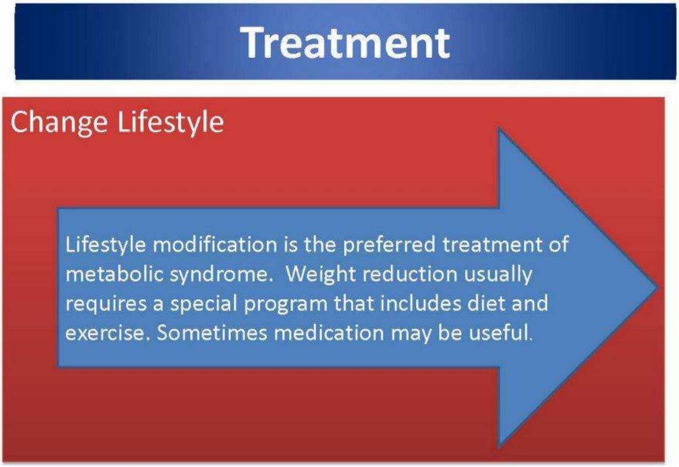
Chief Nutritionist
First DietCare & Research Center, Lahore
0321.430.2528
PTC Forum at Qarshi Library
7th July 2008

Other Risk Factors

- Post-menopausal women
- Smoking
- Eating an excessively high carbohydrate diet
- Lack of activity (even without weight change)
- Fatty liver
- Obstructive sleep apnea



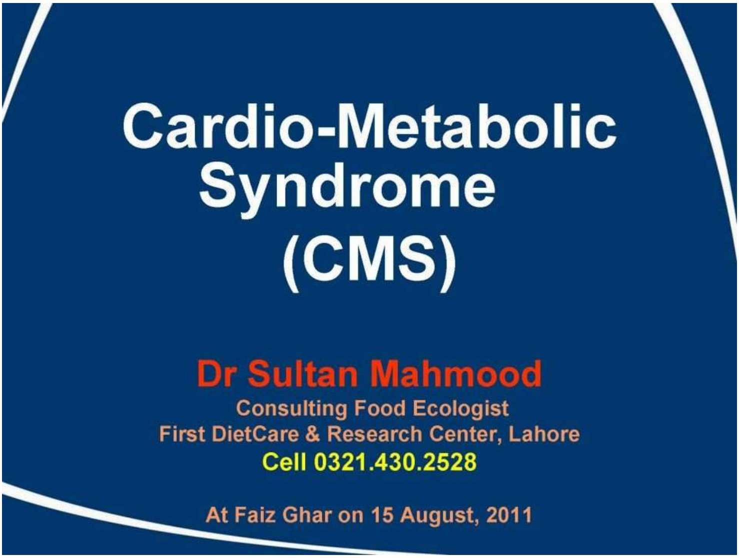
Lifestyle modification is the preferred treatment of metabolic syndrome. Weight reduction usually requires a specifically tailored multifac



Thank You

Exercise

A sustainable exercise program, for example 30 minutes 5 days a week is reasonable to start, providing there is no medical contraindication. There is a beneficial effect of exercise on blood pressure, cholesterol levels, and insulin sensitivity, regardless of whether weight loss is achieved or not.


Cardio-Metabolic Syndrome (CMS)
Dr Sultan Mahmood
Consulting Food Ecologist
First DietCare & Research Center, Lahore
Cell 0321.430.2528
At Faiz Ghar on 15 August, 2011

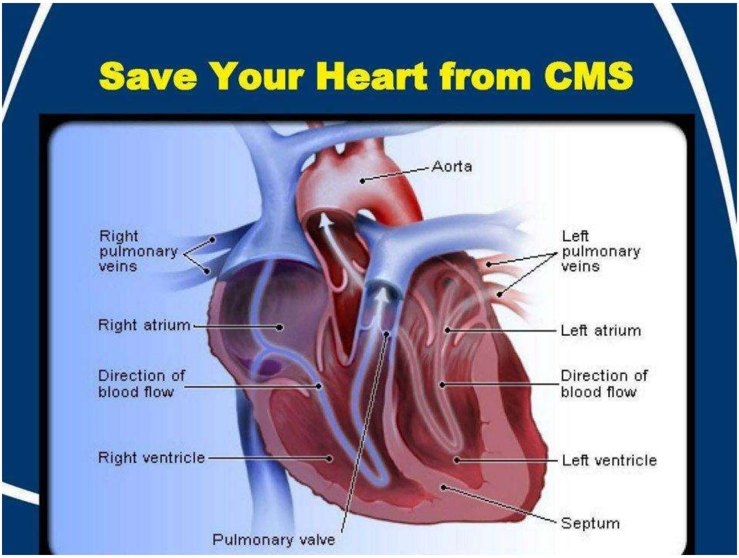

Save Your Heart from CMS
Aorta
Right pulmonary veins
Left pulmonary veins
Right atrium
Left atrium
Direction of blood flow
Direction of blood flow
Right ventricle
Left ventricle
Septum
Pulmonary valve

Table of Content

1	Introduction to Cardio-Metabolic Syndrome (CMS)		
2	Acceptable Levels while Defining CMS		
3	Fat Placement in various Body Parts		
4	Global Risk for Cardio-Metabolic Syndrome		
5	Resulting Clinical Conditions if there is Insulin Resistance		
6	Multiple Risk Factors		
7	Life Style Modification		
		a	Diet
		b	Exercise
		c	Weight Loss
		d	No Smoking
8	Ask Your Doctor 11 Questions		

1. What is Metabolic Syndrome?

Metabolic syndrome is a group of following risk factors:

- Unhealthy blood cholesterol levels,
- High blood pressure,
- High blood sugar, and
- Excess belly fat

They may raise your risks of serious illness, such as diabetes, and blood vessel and heart disease.

It collectively leads to

Cardio-Metabolic Syndrome.

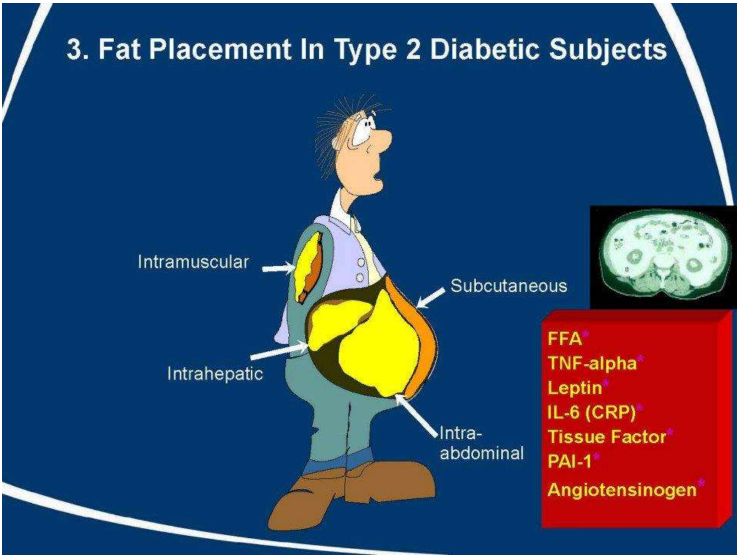
1.1: Screening / What to Test?

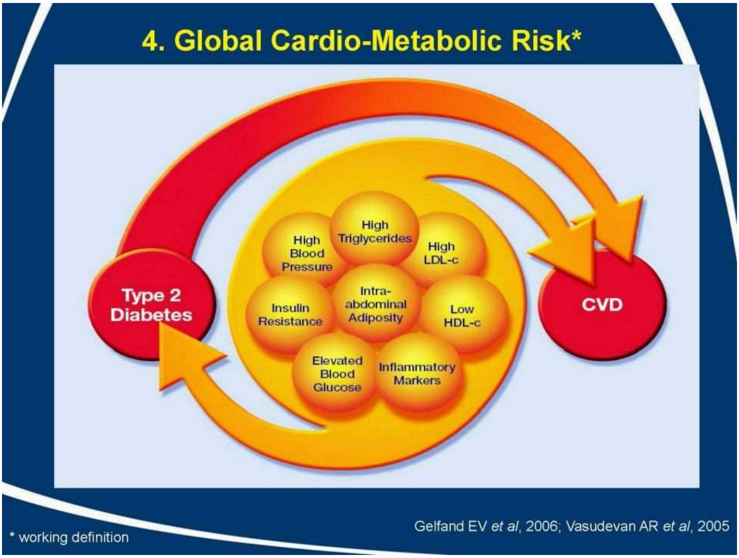
- Screening for at-risk individuals:
  - Blood Sugar/ HbA1c (each 4 months)
  - Blood Lipids (bi-annual)
  - Blood pressure (almost daily)
  - Tobacco use
  - Body habitus
  - Family history

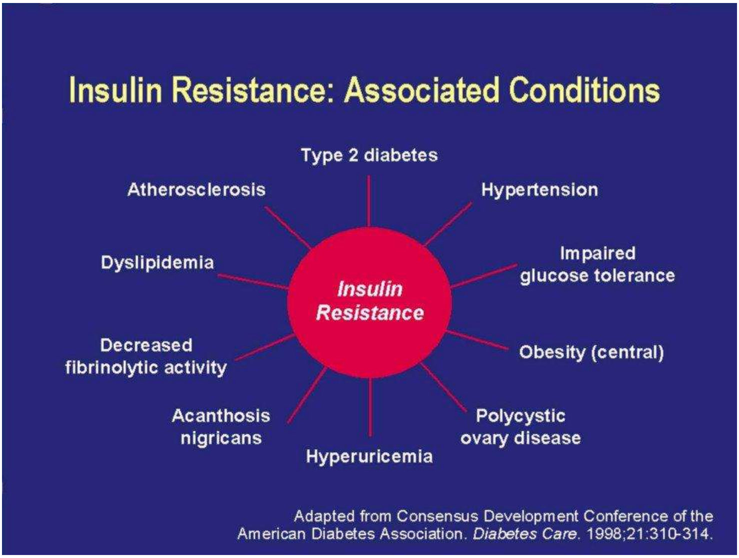
Remember: Patients with Metabolic Syndrome are 3.5 times as likely to die from Cardiovascular disease compared to normal people

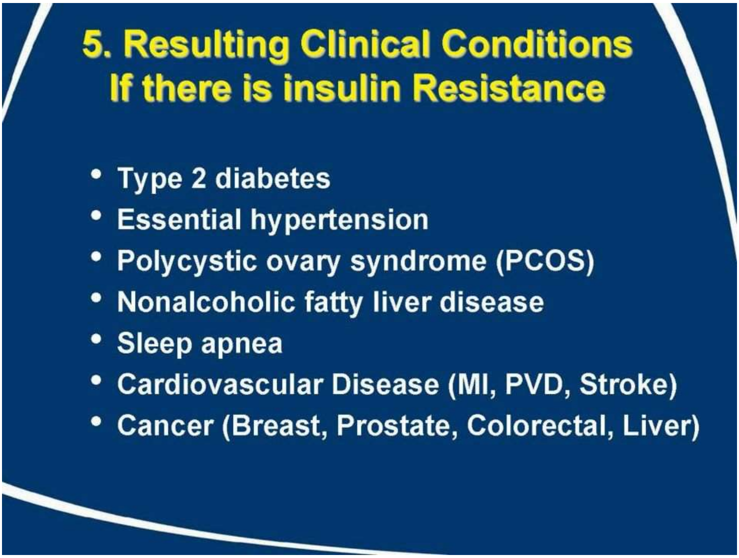
2. Acceptable Levels

1. Hypertension (High blood pressure)		
	Blood pressure	> 140/90
2. Dys-lipidemia (Disturbed level of blood fats)		
	Triglycerides	> 150 mg/ dL (1.7 mmol/L)
	HDL- C	< 35 mg/ dL (0.9 mmol/L)
3. Central Obesity (Bulged belly)		
	Body mass index	> 30 kg/M2
	Waist girth	> 94 cm (37 inch)
	Waist/Hip ratio	> 0.9
4. Impaired Glucose Handling (Lose control of diabetes)		
	Fasting blood glucose	> 110 mg/dL (6.1mmol/L)
	2 hours post prandial	>200 mg/dL(11.1mmol/L)
5. Micro-albuminuria (Protein excretion in urine)		< 0 mg/ dL

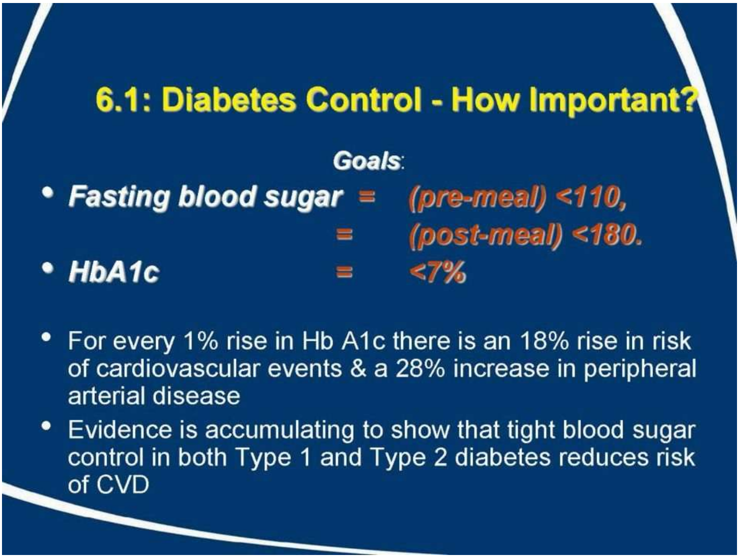

3. Fat Placement In Type 2 Diabetic Subjects
Intramuscular
Subcutaneous
Intrahepatic
Intra-
abdominal
FFA*
TNF-alpha*
Leptin*
IL-6 (CRP)*
Tissue Factor*
PAI-1*
Angiotensinogen*

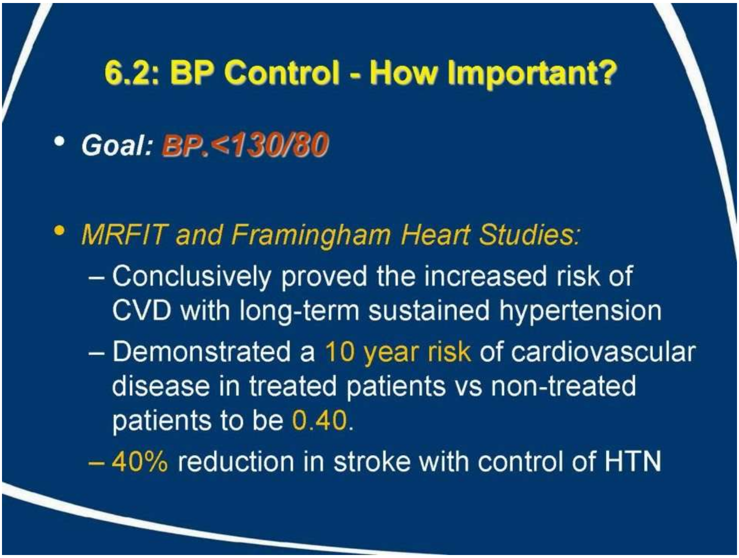

4. Global Cardio-Metabolic Risk*
Type 2
Diabetes
High
Blood
Pressure
High
Triglycerides
High
LDL-c
Insulin
Resistance
Intra-
abdominal
Adiposity
Low
HDL-c
Elevated
Blood
Glucose
Inflammatory
Markers
CVD
* working definition
Gelfand EV et al, 2006; Vasudevan AR et al, 2005

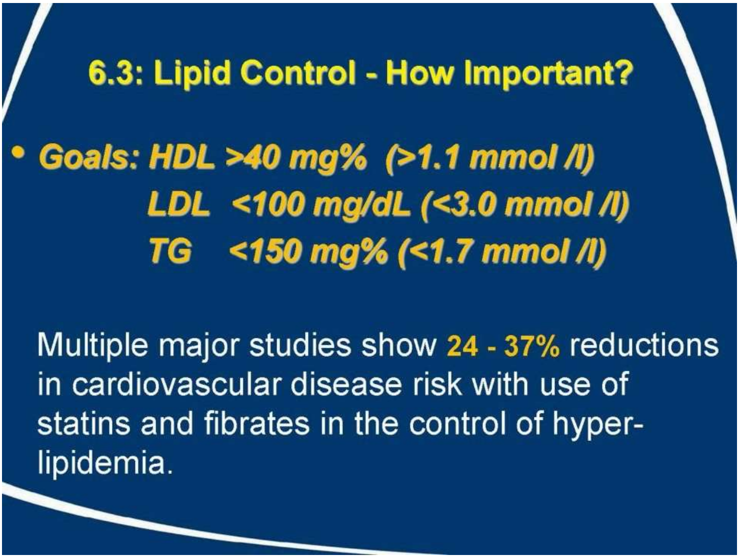

Insulin Resistance: Associated Conditions
Type 2 diabetes
Atherosclerosis
Hypertension
Dyslipidemia
Impaired glucose tolerance
Insulin Resistance
Decreased fibrinolytic activity
Obesity (central)
Acanthosis nigricans
Polycystic ovary disease
Hyperuricemia
Adapted from Consensus Development Conference of the American Diabetes Association. Diabetes Care. 1998;21:310-314.


5. Resulting Clinical Conditions If there is insulin Resistance
• Type 2 diabetes
• Essential hypertension
• Polycystic ovary syndrome (PCOS)
• Nonalcoholic fatty liver disease
• Sleep apnea
• Cardiovascular Disease (MI, PVD, Stroke)
• Cancer (Breast, Prostate, Colorectal, Liver)

6. Manage Following Risk Factor
• Obesity
• Glucose Intolerance
• Insulin Resistance
• Lipid Disorders
• Hypertension
Goals: Minimize Risk of Type 2 Diabetes and Cardiovascular Disease


6.1: Diabetes Control - How Important?
Goals:
• Fasting blood sugar = (pre-meal) <110,
= (post-meal) <180.
• HbA1c = <7%
• For every 1% rise in Hb A1c there is an 18% rise in risk of cardiovascular events & a 28% increase in peripheral arterial disease
• Evidence is accumulating to show that tight blood sugar control in both Type 1 and Type 2 diabetes reduces risk of CVD


6.2: BP Control - How Important?
• Goal: BP.<130/80
• MRFIT and Framingham Heart Studies:
– Conclusively proved the increased risk of CVD with long-term sustained hypertension
– Demonstrated a 10 year risk of cardiovascular disease in treated patients vs non-treated patients to be 0.40.
– 40% reduction in stroke with control of HTN


6.3: Lipid Control - How Important?
• Goals: HDL >40 mg% (>1.1 mmol /l)
LDL <100 mg/dL (<3.0 mmol /l)
TG <150 mg% (<1.7 mmol /l)
Multiple major studies show 24 - 37% reductions in cardiovascular disease risk with use of statins and fibrates in the control of hyper-lipidemia.

7. Lifestyle Modifications

Through
1. Diet
2. Exercise
3. Weight loss
4. Smoking cessation

If 1% reduction in HbA_{1c} is achieved, you could expect a reduction in risk of:

- 21% for any diabetes-related endpoint
- 37% for micro-vascular complications (CVD)
- 14% for myocardial infarction (heart attack)

However, if compliance is poor most of the patients will require oral pharmacotherapy (tablets) or insulin injections within a few years of diagnosis

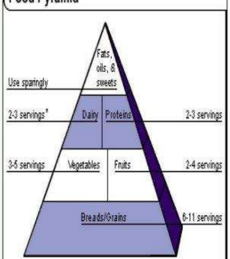
Stratton IM *et al*. *BMJ* 2000; 321: 405–412.

7.1: Diet

Nutrients	Of 2100 Calories / d	Nutrient	Total daily
Total fat	25%	Sodium	2,300 mg*
Saturated fat	6%	Potassium	4,700 mg
Protein	19%	Calcium	1,250 mg
Carbohydrate	50%	Magnesium	500 mg
Cholesterol	150 mg	Fiber	30 g

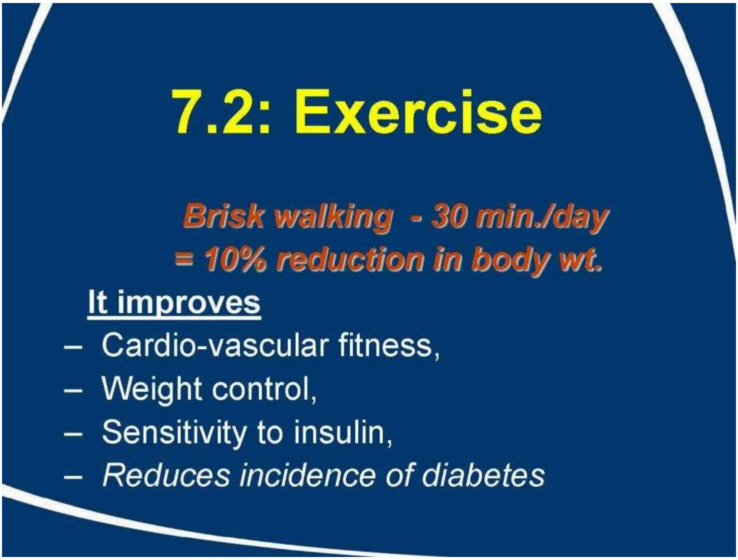
* 1,500 mg sodium was a lower goal tested and found to be even better for lowering blood pressure. It was particularly effective for middle-aged and older individuals.

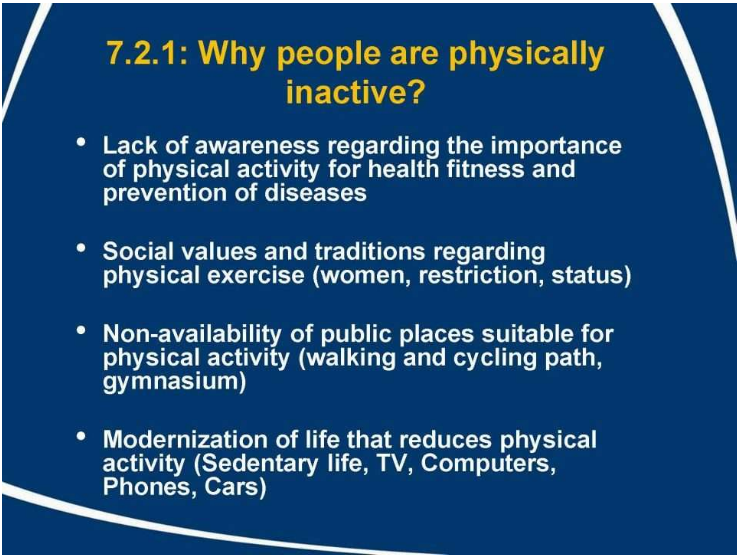
Food Pyramid

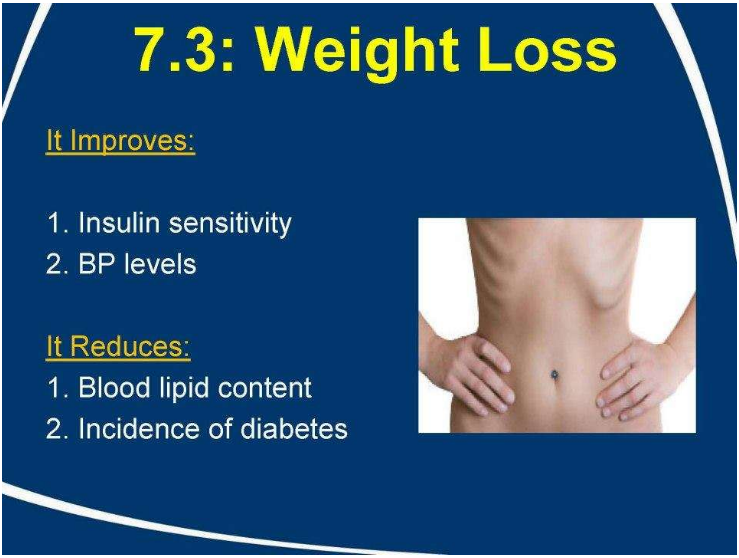


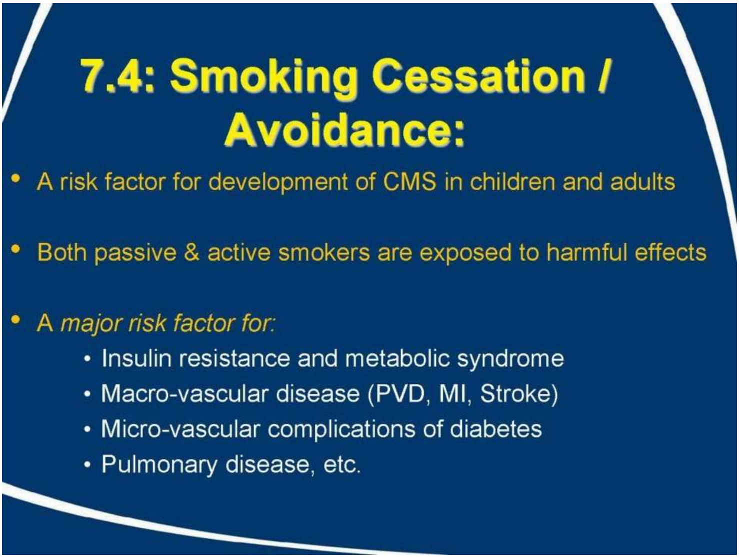
*3 servings for women who are pregnant or breastfeeding, teenagers, and adults under 24.

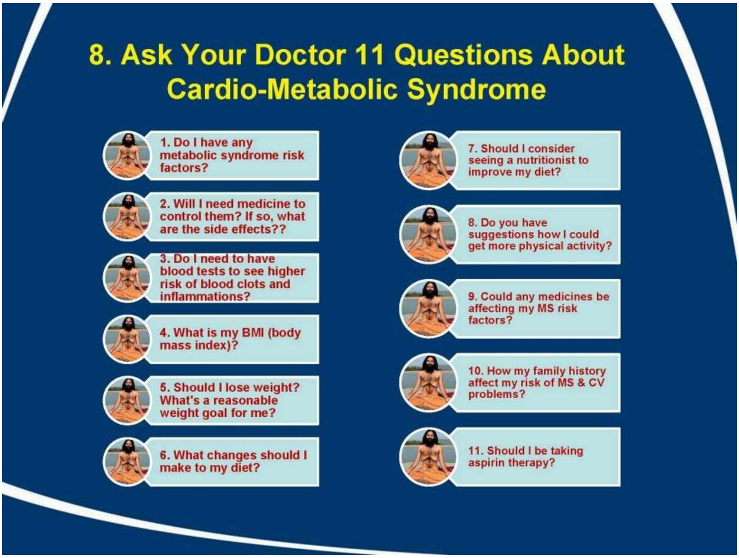
The advised number of servings from each group varies depending on how many calories you take in each day. This in turn, depends on your activity level, body size, gender, age, and stage of life.
U.S. Department of Agriculture


7.2: Exercise
Brisk walking - 30 min./day
= 10% reduction in body wt.
It improves
– Cardio-vascular fitness,
– Weight control,
– Sensitivity to insulin,
– Reduces incidence of diabetes

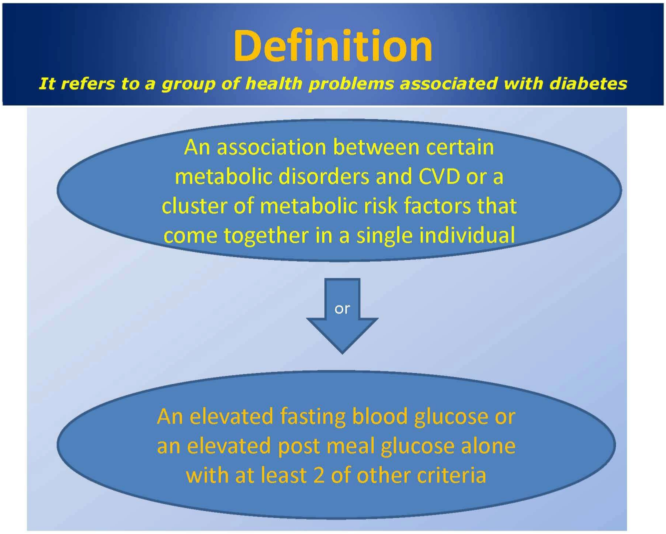

7.2.1: Why people are physically inactive?
• Lack of awareness regarding the importance of physical activity for health fitness and prevention of diseases
• Social values and traditions regarding physical exercise (women, restriction, status)
• Non-availability of public places suitable for physical activity (walking and cycling path, gymnasium)
• Modernization of life that reduces physical activity (Sedentary life, TV, Computers, Phones, Cars)


7.3: Weight Loss
It Improves:
1. Insulin sensitivity
2. BP levels
It Reduces:
1. Blood lipid content
2. Incidence of diabetes


7.4: Smoking Cessation / Avoidance:
• A risk factor for development of CMS in children and adults
• Both passive & active smokers are exposed to harmful effects
• A major risk factor for:
• Insulin resistance and metabolic syndrome
• Macro-vascular disease (PVD, MI, Stroke)
• Micro-vascular complications of diabetes
• Pulmonary disease, etc.


8. Ask Your Doctor 11 Questions About
Cardio-Metabolic Syndrome
1. Do I have any metabolic syndrome risk factors?
2. Will I need medicine to control them? If so, what are the side effects??
3. Do I need to have blood tests to see higher risk of blood clots and inflammations?
4. What is my BMI (body mass index)?
5. Should I lose weight? What's a reasonable weight goal for me?
6. What changes should I make to my diet?
7. Should I consider seeing a nutritionist to improve my diet?
8. Do you have suggestions how I could get more physical activity?
9. Could any medicines be affecting my MS risk factors?
10. How my family history affect my risk of MS & CV problems?
11. Should I be taking aspirin therapy?

Thank You
- Any Question?



Who is Victim?

Any three of the following traits in the same individual

Abdominal obesity	Waist over 90 cm (36 inches) in men and over 80 cm (32 inches) in women
Serum triglycerides	150 mg/dl or above
HDL cholesterol	40mg/dl or lower in men and 50mg/dl or lower in women
Blood pressure	130/85 or more
Fasting blood glucose	110 mg/dl or above. (100 mg/dl in Pakistan)

Symptoms

Metabolic syndrome
(Syndrome X)

- Central obesity
- High blood pressure
- High triglycerides
- Low HDL-cholesterol
- Insulin resistance

Preventing Metabolic Syndrome With Aloe Vera

Dr. Sultan Mahmood, PhD

Chief Nutritionist

First DietCare & Research Center, Lahore

0321.430.2528

PTC Forum at Qarshi Library

3rd August 2009

Why it is?

Options to Control MS

1. By medicines
2. By changing lifestyle
3. By diet

Option 3: By Diet

It is:

- Easy
- Cost effective
- Permanent

But Which Diet?

Should you:

- Come on a customized diet?
- Eating more minerals & vitamins?
- Take special amino acids?
- Preventions?

Option 1: By Medicines

It is not wise to be:

- Slave of 6 medicines daily lifelong
- Victim of side effects
- Budgetary run-off
- Unsatisfied

Use Herb / Vegetable

Above all herbs & foods is

ALOE VERA

Option 2: Lifestyle Modification

It is best option, but:

- Have to go long way
- Difficult
- Depends on actions & commitment

Effects of Aloe Vera Drink

Aloe Vera drink has shown strong commitment to control Metabolic Syndrome in the following way*:

Abdominal obesity	Reduced waist 43 inches to 36 inches in men and 40 to 32 inches in women
Serum triglycerides	Reduced 250 to 150 mg/dl
HDL cholesterol	Increased 30 to 36 mg/dl in men and 35 to 45 mg/dl in women
Blood pressure	Reduced 180/105 to 130/85
Fasting blood glucose	Reduced 240 to 110 mg/dl

*References Available

TOP 10 REASONS TO DRINK ALOE VERA GEL

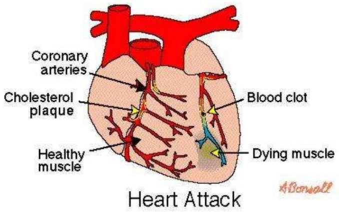
1. Body-Building Blocks
2. Anti-inflammatory Properties
3. Daily Dose of Vitamins
4. Daily Dose of Minerals
5. Collagen and Elastin Repair
6. Regulates Weight and Energy Levels
7. Immune Support and Function
8. Aids in Healthy Digestion
9. Provides Rapid Soothing
10. Dental Health and Hygiene

Aloe Vera

FAIR TRADE
CERTIFIED™

Thank You

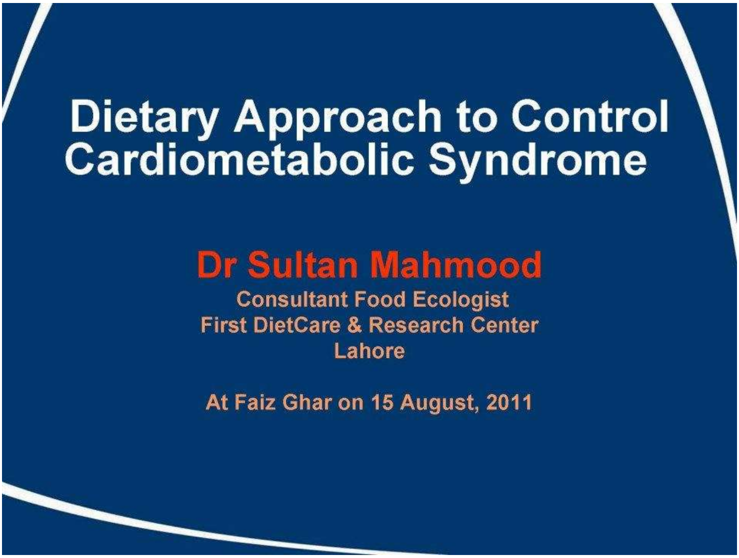
Avoid Heart Attack

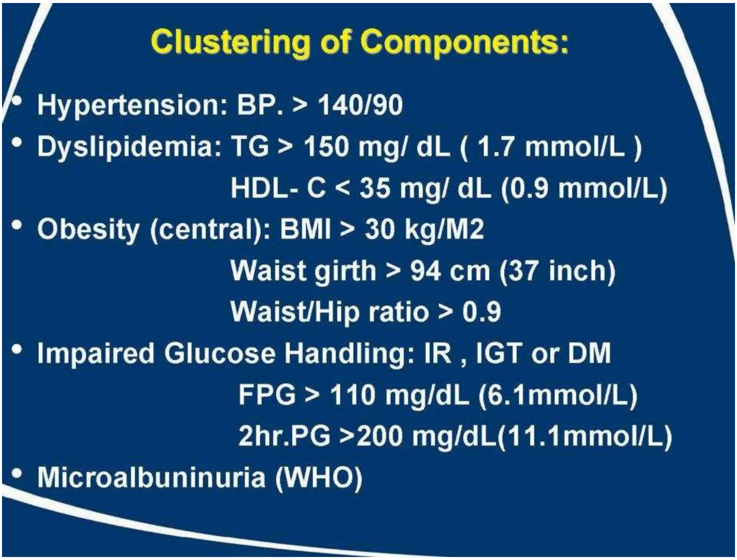


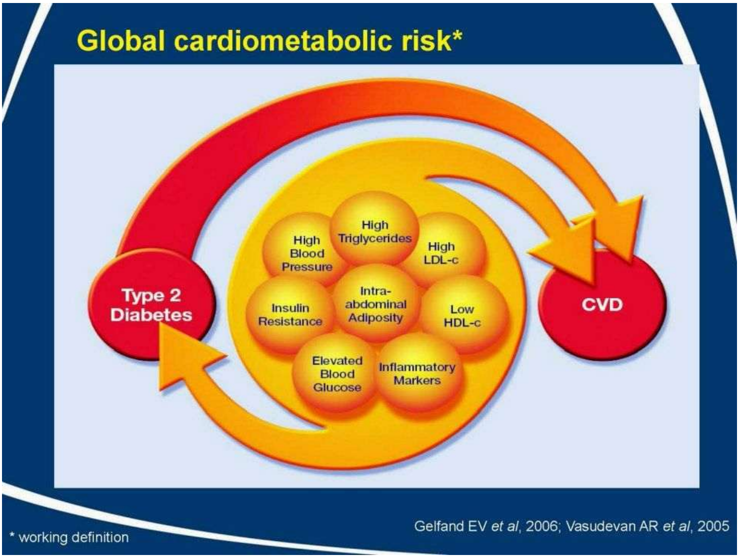
Use Herb / Vegetable

Above all herbs & foods is

ALOE VERA

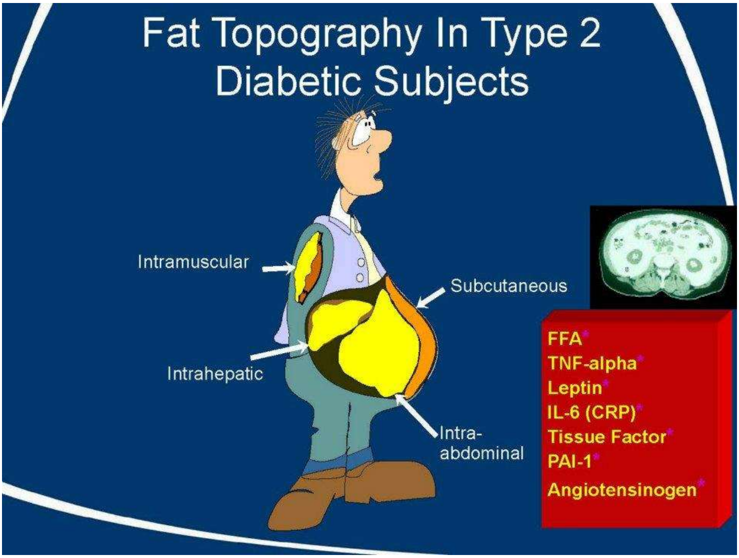

Dietary Approach to Control
Cardiometabolic Syndrome
Dr Sultan Mahmood
Consultant Food Ecologist
First DietCare & Research Center
Lahore
At Faiz Ghar on 15 August, 2011


Clustering of Components:
• Hypertension: BP. > 140/90
• Dyslipidemia: TG > 150 mg/ dL (1.7 mmol/L)
HDL- C < 35 mg/ dL (0.9 mmol/L)
• Obesity (central): BMI > 30 kg/M2
Waist girth > 94 cm (37 inch)
Waist/Hip ratio > 0.9
• Impaired Glucose Handling: IR , IGT or DM
FPG > 110 mg/dL (6.1mmol/L)
2hr.PG >200 mg/dL(11.1mmol/L)
• Microalbuninuria (WHO)



International Diabetes Federation (IDF) Consensus Definition 2005

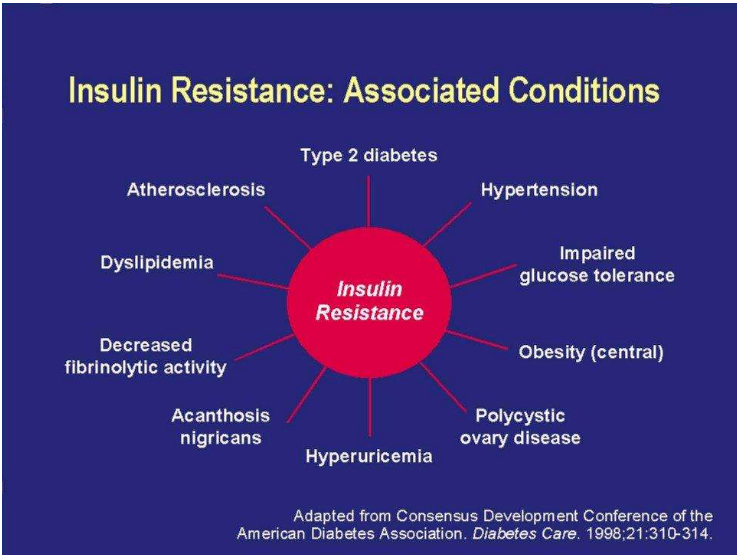
The new IDF definition focusses on abdominal obesity rather than insulin resistance

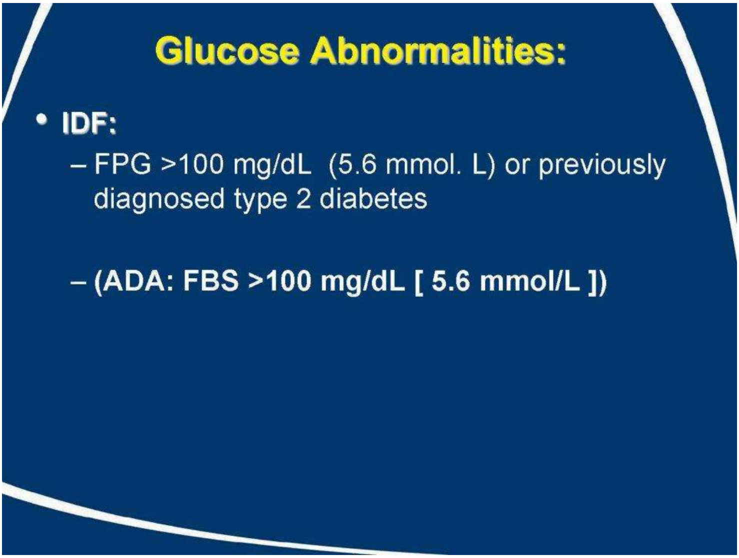


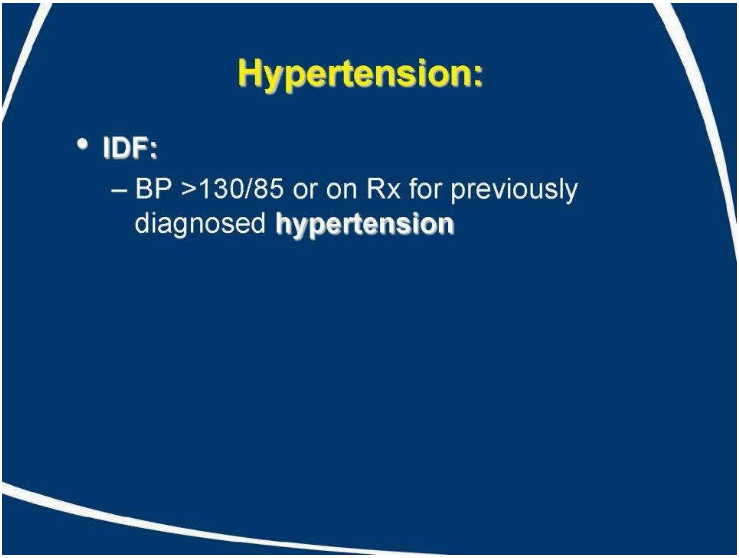
Resulting Clinical Conditions:

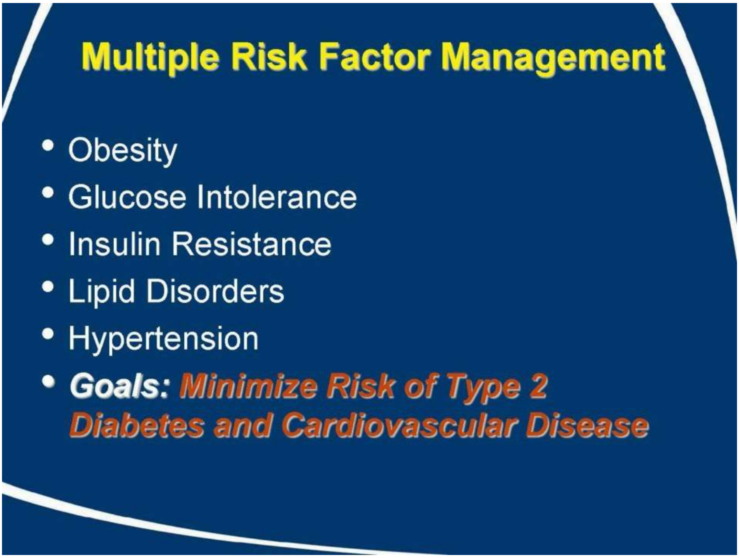
- Type 2 diabetes
- Essential hypertension
- Polycystic ovary syndrome (PCOS)
- Nonalcoholic fatty liver disease
- Sleep apnea
- Cardiovascular Disease (MI, PVD, Stroke)
- Cancer (Breast, Prostate, Colorectal, Liver)

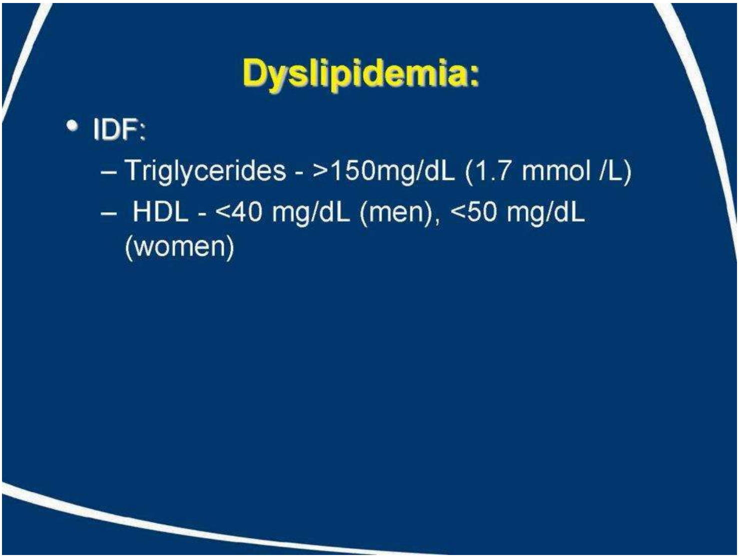
Targeting
Cardiometabolic Risk


Insulin Resistance: Associated Conditions
Type 2 diabetes
Atherosclerosis
Hypertension
Dyslipidemia
Impaired glucose tolerance
Insulin Resistance
Decreased fibrinolytic activity
Obesity (central)
Acanthosis nigricans
Hyperuricemia
Polycystic ovary disease
Adapted from Consensus Development Conference of the American Diabetes Association. Diabetes Care. 1998;21:310-314.

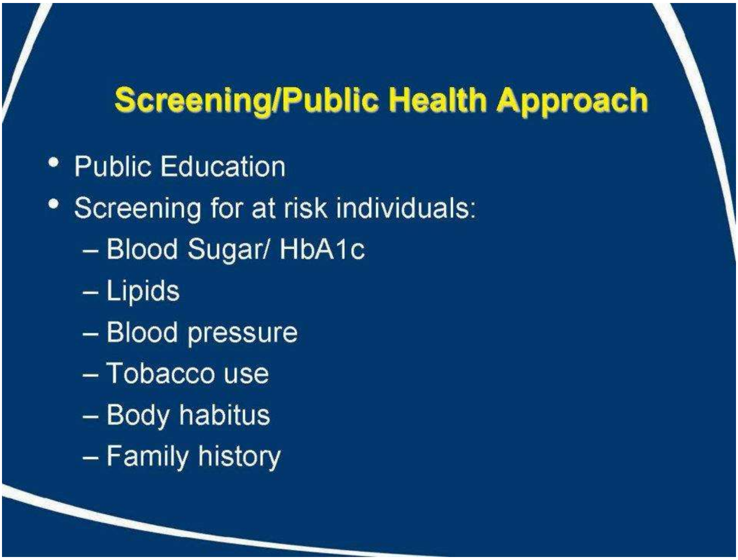

Glucose Abnormalities:
• IDF:
– FPG >100 mg/dL (5.6 mmol. L) or previously diagnosed type 2 diabetes
– (ADA: FBS >100 mg/dL [5.6 mmol/L])

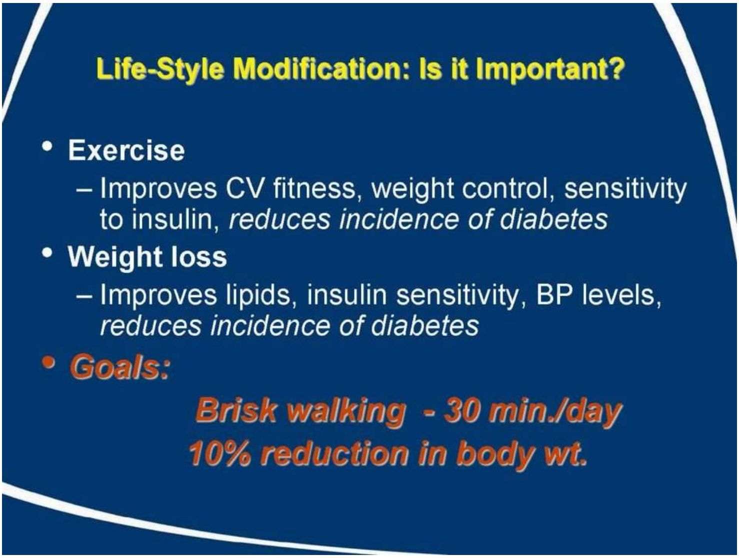

Hypertension:
• IDF:
– BP >130/85 or on Rx for previously diagnosed hypertension

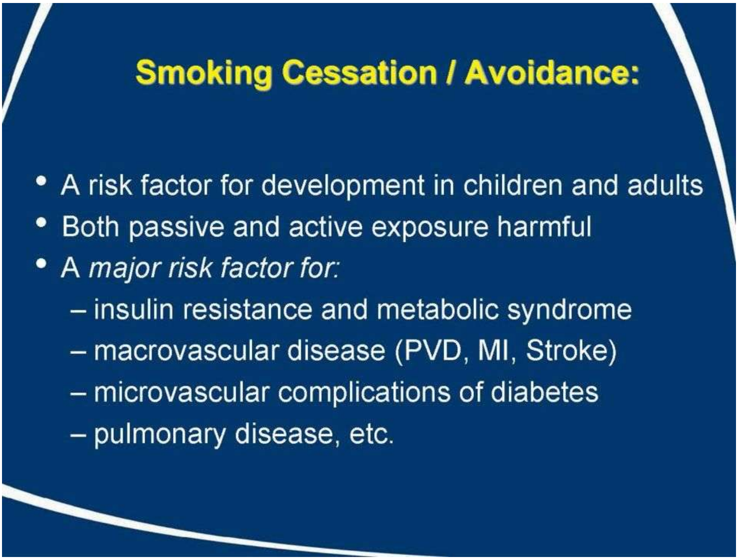

Multiple Risk Factor Management
Obesity
Glucose Intolerance
Insulin Resistance
Lipid Disorders
Hypertension
Goals: Minimize Risk of Type 2 Diabetes and Cardiovascular Disease

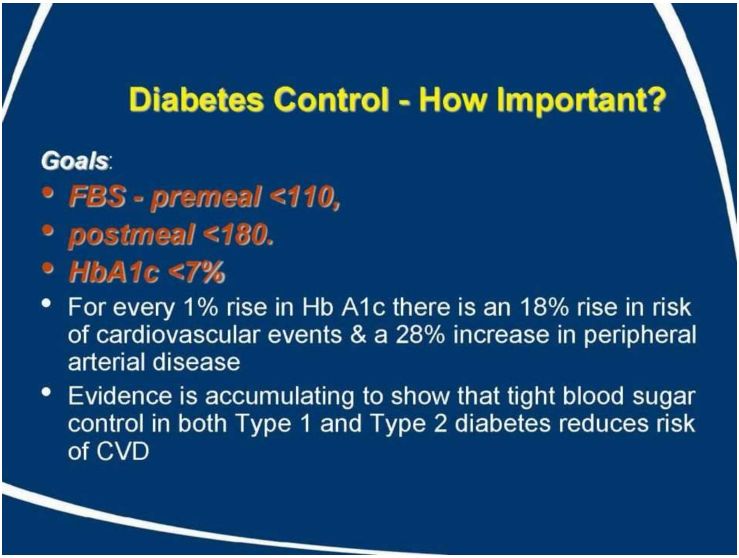

Dyslipidemia:
IDF:
– Triglycerides - >150mg/dL (1.7 mmol /L)
– HDL - <40 mg/dL (men), <50 mg/dL (women)

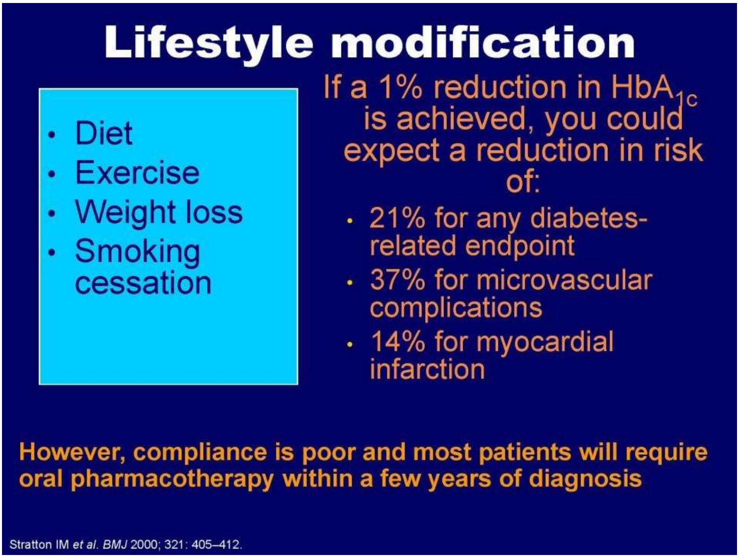
Public Health Approach


Screening/Public Health Approach
• Public Education
• Screening for at risk individuals:
– Blood Sugar/ HbA1c
– Lipids
– Blood pressure
– Tobacco use
– Body habitus
– Family history


Life-Style Modification: Is it Important?
• Exercise
– Improves CV fitness, weight control, sensitivity to insulin, *reduces incidence of diabetes*
• Weight loss
– Improves lipids, insulin sensitivity, BP levels, *reduces incidence of diabetes*
• *Goals:*
Brisk walking - 30 min./day
10% reduction in body wt.


Smoking Cessation / Avoidance:
• A risk factor for development in children and adults
• Both passive and active exposure harmful
• A *major risk factor for:*
– insulin resistance and metabolic syndrome
– macrovascular disease (PVD, MI, Stroke)
– microvascular complications of diabetes
– pulmonary disease, etc.


Diabetes Control - How Important?
Goals:
• FBS - premeal <110,
• postmeal <180.
• HbA1c <7%
• For every 1% rise in Hb A1c there is an 18% rise in risk of cardiovascular events & a 28% increase in peripheral arterial disease
• Evidence is accumulating to show that tight blood sugar control in both Type 1 and Type 2 diabetes reduces risk of CVD

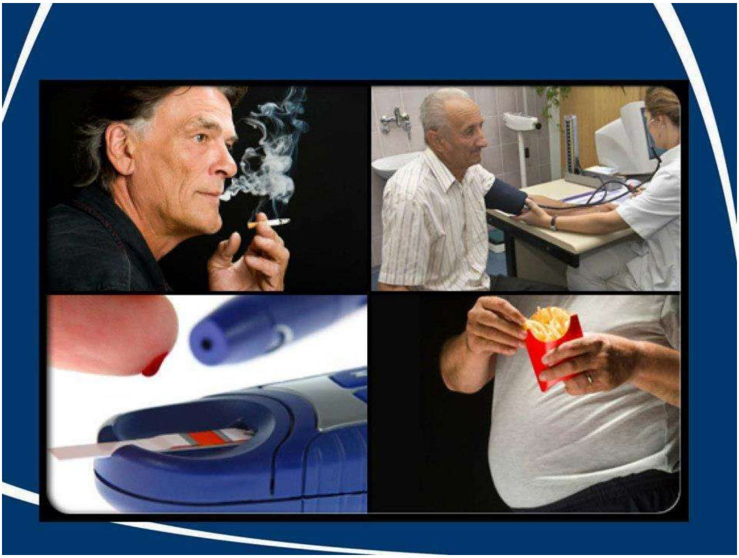

Lifestyle modification
• Diet
• Exercise
• Weight loss
• Smoking cessation
If a 1% reduction in HbA_{1c} is achieved, you could expect a reduction in risk of:
• 21% for any diabetes-related endpoint
• 37% for microvascular complications
• 14% for myocardial infarction
However, compliance is poor and most patients will require oral pharmacotherapy within a few years of diagnosis
Stratton IM et al. BMJ 2000; 321: 405–412.

BP Control - How Important?

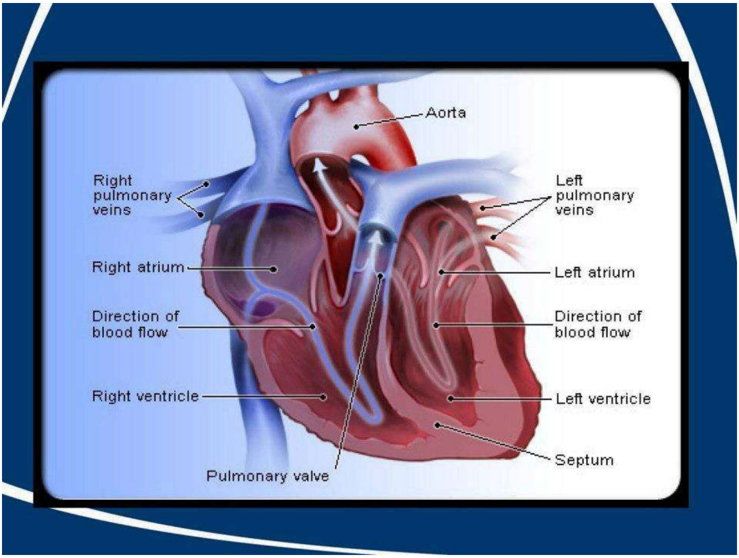
- *Goal:* ***BP.<130/80***
- MRFIT and Framingham Heart Studies:
  - Conclusively proved the increased risk of CVD with long-term sustained hypertension
  - Demonstrated a 10 year risk of cardiovascular disease in treated patients vs non-treated patients to be 0.40.
  - 40% reduction in stroke with control of HTN
- Precedes literature on Metabolic Syndrome

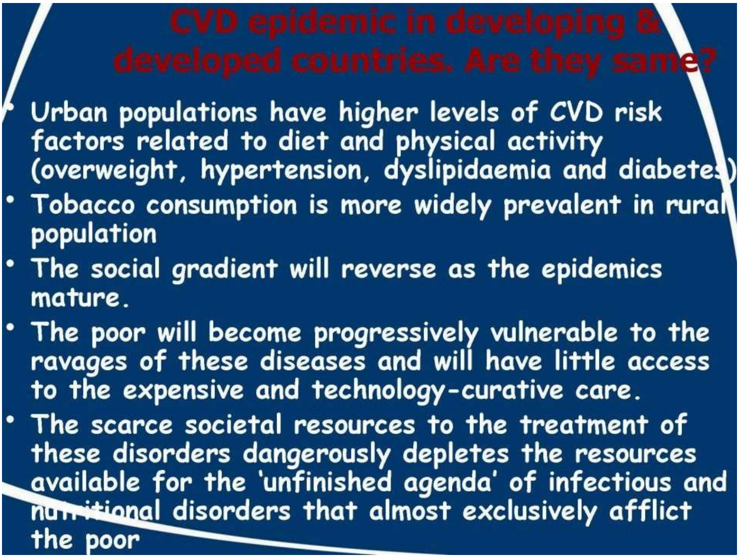
Lipid Control - How Important?

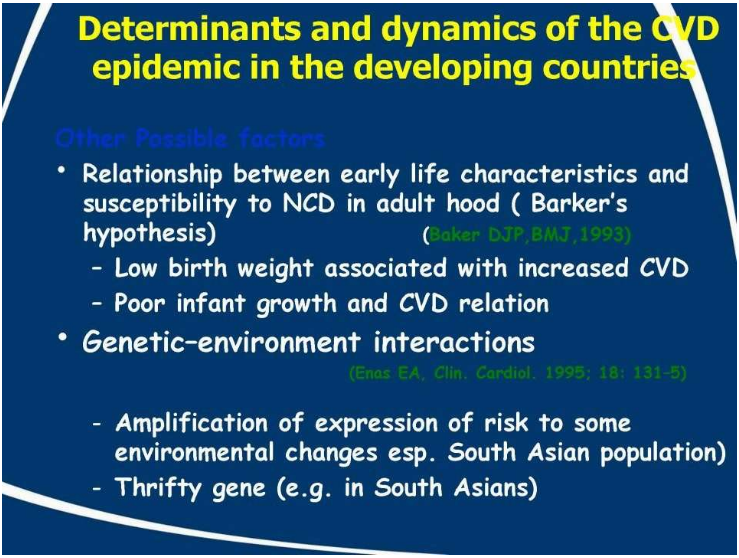
- ***Goals: HDL >40 mg% (>1.1 mmol /l)***
  LDL <100 mg/dL (<3.0 mmol /l)
  TG <150 mg% (<1.7 mmol /l)
- Multiple major studies show 24 - 37% reductions in cardiovascular disease risk with use of statins and fibrates in the control of hyperlipidemia.

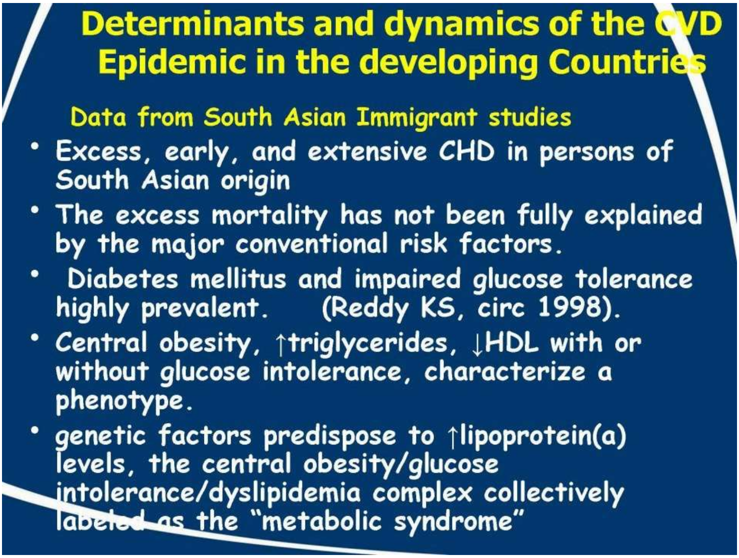


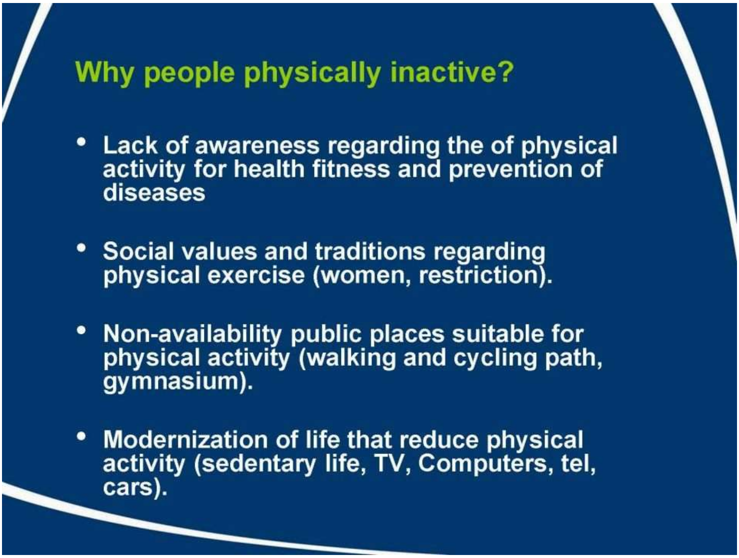
Thank You


Aorta
Right pulmonary veins
Left pulmonary veins
Right atrium
Left atrium
Direction of blood flow
Direction of blood flow
Right ventricle
Left ventricle
Septum
Pulmonary valve


CVD epidemic in developing & developed countries. Are they same?
• Urban populations have higher levels of CVD risk factors related to diet and physical activity (overweight, hypertension, dyslipidaemia and diabetes)
• Tobacco consumption is more widely prevalent in rural population
• The social gradient will reverse as the epidemics mature.
• The poor will become progressively vulnerable to the ravages of these diseases and will have little access to the expensive and technology-curative care.
• The scarce societal resources to the treatment of these disorders dangerously depletes the resources available for the 'unfinished agenda' of infectious and nutritional disorders that almost exclusively afflict the poor


Determinants and dynamics of the CVD epidemic in the developing countries
Other Possible factors
• Relationship between early life characteristics and susceptibility to NCD in adult hood (Barker's hypothesis)
(Baker DJP,BMJ,1993)
- Low birth weight associated with increased CVD
- Poor infant growth and CVD relation
• Genetic-environment interactions
(Enas EA, Clin. Cardiol. 1995; 18: 131-5)
- Amplification of expression of risk to some environmental changes esp. South Asian population)
- Thrifty gene (e.g. in South Asians)


Determinants and dynamics of the CVD
Epidemic in the developing Countries
Data from South Asian Immigrant studies
• Excess, early, and extensive CHD in persons of South Asian origin
• The excess mortality has not been fully explained by the major conventional risk factors.
• Diabetes mellitus and impaired glucose tolerance highly prevalent. (Reddy KS, circ 1998).
• Central obesity, ↑triglycerides, ↓HDL with or without glucose intolerance, characterize a phenotype.
• genetic factors predispose to ↑lipoprotein(a) levels, the central obesity/glucose intolerance/dyslipidemia complex collectively labeled as the "metabolic syndrome"


Why people physically inactive?
• Lack of awareness regarding the of physical activity for health fitness and prevention of diseases
• Social values and traditions regarding physical exercise (women, restriction).
• Non-availability public places suitable for physical activity (walking and cycling path, gymnasium).
• Modernization of life that reduce physical activity (sedentary life, TV, Computers, tel, cars).

Prevention of CVD

- There is an urgent need to establish appropriate research studies, increase awareness of the CVD burden, and develop preventive strategies.
- Prevention and treatment strategies that have been proven to be effective in developed countries should be adapted for developing countries.
- Prevention is the best option as an approach to reduce CVD burden.
- Do we know enough to prevent this CVD Epidemic in the first place.

Recommendations for treatment

Primary management for the Metabolic Syndrome is healthy lifestyle promotion. This includes:

- **moderate calorie restriction (to achieve a 5-10% loss of body weight in the first year)**
- **moderate increases in physical activity**
- **change dietary composition to reduce saturated fat and total intake, increase fibre and, if appropriate, reduce salt intake.**

Management of the Metabolic Syndrome

- **Appropriate & aggressive therapy is essential for reducing patient risk of cardiovascular disease**
- **Lifestyle measures should be the first action**
- **Pharmacotherapy should have beneficial effects on**
  - **Glucose intolerance/diabetes**
  - **Obesity**
  - **Hypertension**
  - **Dyslipidaemia**
- **Ideally, treatment should address all of the components of the syndrome and not the individual components**

Do you have suggestions for how I could .8
get more physical activity?
Could any medicines I'm taking be .9
affecting my metabolic syndrome risk
factors?
How might my family history affect my .10
risk of getting metabolic syndrome and
having cardiovascular problems?
Should I be taking aspirin therapy?.11

Remember that when you meet with your doctor, tell him or her about all of the medicines, herbs, and supplements you use. "Natural" medicines can be powerful, and they can interfere with the effectiveness of other drugs.

You could also keep a food diary for about a week before your next appointment. Just jot down the foods you eat each day. Then, you and your doctor can go over it together and talk about ways of improving your eating habits.

TrimFast
Schazoo Zaka (Pvt) Ltd.
Schazoo House, 45-C.T. Road, Lahore-Pakistan.
U.A.N 111-666-600 Fax: (+92-42) 6841003
email szl@schazoo.com URL: www.schazoo.com

2x7's
ENCID 20
Capsules
(Omeprazole 20 mg)
WILSON'S

Swazole
(Omeprazole 20 mg)
14 Capsules
Manufactured by:
Convell
Laboratories
Saidu Sharif, Swat, Pakistan

Physical Activity for Everyone

National Center for Chronic Disease Prevention and Health Promotion, USA

Aristotle said that we are what we repeatedly do. Scientific evidence shows that physical activity done at a moderate-intensity level can produce health benefits. If people have been sedentary, they can improve their health and well-being with regular, moderate levels of activity each day.

Those who participate in moderate- to vigorous-intensity activities regularly should be encouraged and supported in their efforts to continue. While activity at a higher intensity or performed longer offers more health benefits, this level of activity may not be a realistic goal for everyone, at least not to start with. Many people, for whom the term "exercise" brings up negative images and emotions, can celebrate the good news by setting a new personal goal-achieving and enjoying the benefits of a regularly active lifestyle that includes a variety of moderate- and / or vigorous-intensity activities.

Adults should strive to meet either of the following physical activity recommendations.

- Adults should engage in moderate-intensity physical activities for at least 30 minutes on 5 or more days of the week.
- OR Adults should engage in vigorous-intensity physical activity for three or more days per week for 20 or more minutes per occasion.

More good news is that it's never too late to start an active lifestyle. No matter how old you are, how unfit you feel, or how long you've been inactive, research shows that starting a more active lifestyle now through regular, moderate-intensity activity can make you healthier and improve your quality of life.

Hard Facts about Soft Drinks

John McGran: eDiets Editor-in-Chief USA

Twenty years ago teens drank milk twice as much as soda pop. Now they drink twice as much soda pop as milk. Many experts will tell you the worldwide rise in obesity matches up nicely to our insatiable thirst for more and more sugared soft drinks.

How bad is soda? Not only does it bloat your waistline, but it also shrinks your wallet. Your body doesn't like soda. Soda pushes nutritious foods to the side. Diet soda may not have sugar, but it has the same affect on your pocketbook and your diet balance.

Newer studies report that per capita soft drink consumption among children has increased by nearly 500 percent over the past 50 years. Nearly half of all children age 19 and under consume carbonated soft drinks daily. After age 10, soda is the most commonly consumed beverage among kids.

Health experts cite soda as responsible for the lowering of nutrition in our diet in two ways. First, soda, sweetened teas and "sport drinks" displace nutrients from milk and juice. Second, even though sweetened drinks contain a lot of calories, they do nothing to curb our appetite for food, and therefore we get a double dose of

Chief Editor
Dr. Sultan Mahmood
PhD Nutrition, Poland
Post Doctorate (Denmark / USA)
Ex-Consultant
FAO, UNDP, ADB, WB, GTZ
Chief Nutritionist
FIRST DIETCARE & RESEARCH CENTER
324-B, New Chouburji Park,
Lahore 54500 Pakistan

© Copyrights 2007. All Rights Reserved.

Subscription Services
Cost for one year subscription is Rs.1000/- for professionals attached with the chain of healthcare system, Educationist/member of professional societies/pharma industry/NGO and Rs. 500/- for patients and general public.
Disclaimer
The contents of monthly dietcare are not intended to provide medical advice which should be obtained from qualified healthcare professionals.

The information contained in the Dietcare is picked from reliable global resources of Food, Diet & Nutrition. It is not necessarily the personal or institutional opinion of the NGO Feed Well People.
The Forum for Environment, Economic Development and welfare of People (Feed Well People) is non profit social advocacy NGO and monthly Dietcare is its official organ. Feed Well People mounts continuing education programs in health, environment, education, economics. It presses for changes in government and corporate policies.

Dr. Sultan's Diet

فوڈ اور موڈ

(بشکریہ ریڈرز ڈائجسٹ)

ایلو ویرا Aloe Vera

وٹامن ڈی اور ہڈیوں کی ٹوٹ پھوٹ

مترجم: ایس ایم فائق

کریلا

MEGA Gaining Fuel
TEBLETS
Nutri Max Pharma

FORUM FOR ENVIRONMENT & ECONOMIC DEVELOPMENT & WELFARE OF PEOPLE
Feed Well People is a non-profit, non-political national NGO striving hard for the environmental up-gradation and economic development of the masses of Pakistan on self-help basis.
Office: 324-B, New Chouburji Park, Lahore.

Announcement
The monthly 'Dietcare' will be available on-line very soon at the official website of 'Feed Well People' and can be accessed at www.feedwell.org

calories each day, and that contributes greatly to the obesity plague.

One 12-ounce can contains about 9 teaspoons of added sugar. That's about a quarter cup. It's also about 150 empty calories. If a person drinks almost two of these each day, so he or she is getting nearly a half-cup of sugar from soft drinks. Imagine spooning 18 teaspoons of sugar from the sugar bowl into a big glass of club soda, then adding a couple of drops of food coloring.

Diet sodas may be better in terms of calories and added sugar, however, the problem of nutrition remains. If you're substituting diet soda for milk or 100% fruit juice in a balanced diet, then your diet will be deficient in the important nutrients these foods provide. Most hard hits are calcium, vitamins C and D.

If you're worried about the health effects of artificial sweeteners in soda, the FDA has given its stamp of approval to the following: acesulfame potassium, aspartame and saccharin, as well as sucralose. Some consumers are wary of these sweeteners, but there is no known health risks associated with moderate consumption. There is one exception for aspartame: people with the rare genetic condition called phenyl-ketonuria.

Adding & Burning of Extra Calories

Reviewed by S.M.Faiq

You can easily munch 600 calories by 'grazing' pizza / shawarma or super size burger without realizing. Similarly, overeating adds 400 to 500 calories each time which is hard to burn the same day.

Burning the same amount of calories is a hard task. Look at the tasks, each of them will burn 600 extra calories:

- One hour playing basketball
- One hour aerobic exercising
- One hour moderate bicycling
- Two hours bowling
- 1.5 hours batting
- One hour punch bag boxing
- One hour push-ups
- One hour moderate rowing
- One hour carrying 6 bricks
- Two hours busy childcare
- Two hours house cleaning
- Three hours cooking foods
- 1.5 hours dancing (twisting)
- Two hours plumbing
- One hour farming
- Two hours milking by hand
- 1.5 hours shoveling grains
- Two hours fishing by standing
- 0.75 hour playing football match
- Two hours playing Frisbee
- 1.5 hours gardening
- 1.75 hours playing golf
- 1.5 hours health club exercise
- 0.75 hour playing field hockey
- 1.75 hours horse back riding
- One hour jogging
- 1.5 hours marching band
- 1.25 hours moving furniture
- 0.75 hour moving boxes upstairs
- 1.5 hours mowing lawn
- 3.5 hours playing music
- 1.5 hours painting
- One hour polo match
- One hour slow rope jumping
- One hour running at 12 min/km
- 0.5 hour running upstairs
- 0.5 hour playing squash
- Two hours packing boxes
- 1.25 hours leisure swimming
- 1.5 hours playing table tennis
- One hour playing tennis
- 1.5 hours playing with children
- Three hours slow walking
- One hour walking uphill (5km/h)
- 1.5 hours brisk walk

Do you compensate your daily overeating to keep yourself fit and happy or just add lumps of fat on your body.

Letters to Editor

Q: I am hypertensive. Please guide me with any food therapy or dietary restrictions. (Aurangzeb, Abbotabad)

A: Please receive December 2006's complementary copy of monthly 'Dietcare' where desired guidelines are given.

I am agree to study your book 'Essentials of Human nutrients'. I tried but your publisher could not Respond. Please send me a VP copy. (Ghulam Qasim Layyah)

A: Based on your literary interest, a Complementary copy of the book is being sent to you.

Q: What are the deficiency symptoms of Vit.B12? (Asadullah Ghalib, Faisalabad)

A: It may develop lack of immunity, anemia, depression and other neurological problems.

ماہانہ ڈائٹ کیئر لاہور

FDRC

Dietcare

Monthly News Bulletin since 1997

Lahore

Sharing global information on Diet, Food & Nutrition

First ever publication in Pakistan

اپریل 2007ء

FDRC/2007/04

April 2007

دہی سے وزن گھٹائیں...

Fasting As Cleansing Therapy

Shari Rudavsky

Globe Newspaper Company USA

All that glitters......

MAJOR RISK FACTORS FOR CAD

Dietcare Lahore Monthly Bulletin of NGO 'Feed Well People'

Recognition

Announcement

What You Need to Know about Nutrition

Susan Burke: eDiets.com Chief Nutritionist USA

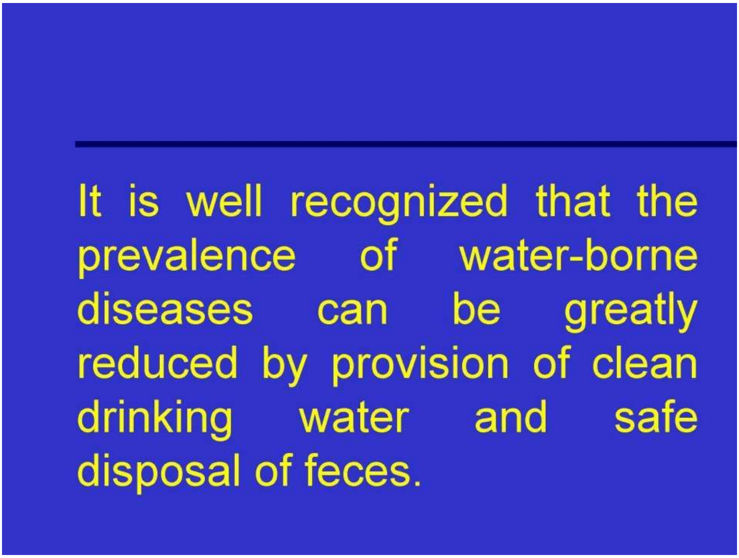
SUPER SNACKS

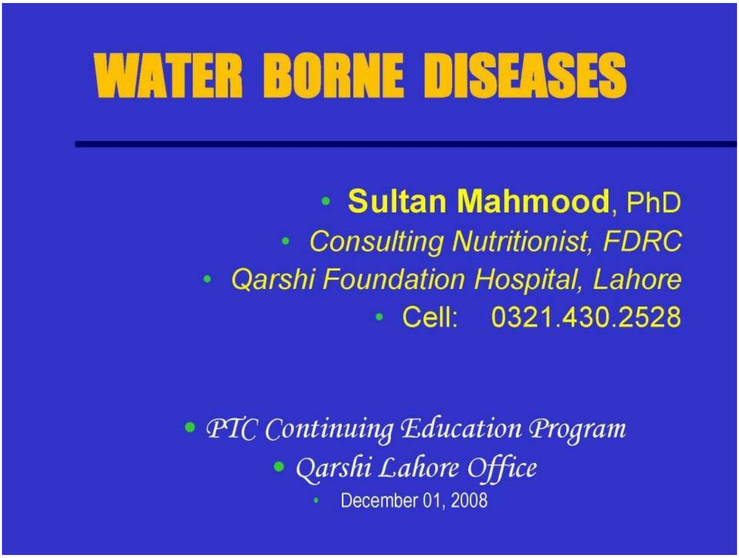
Indoor Smoke Pollution

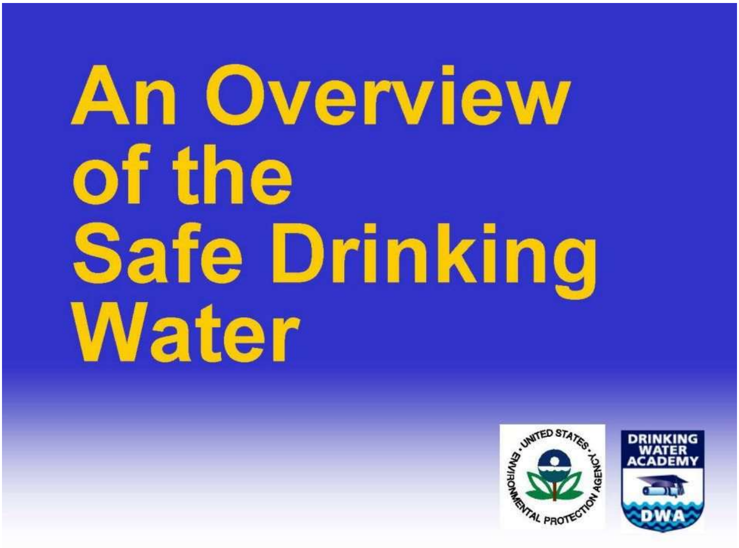
السر کا غذائی علاج

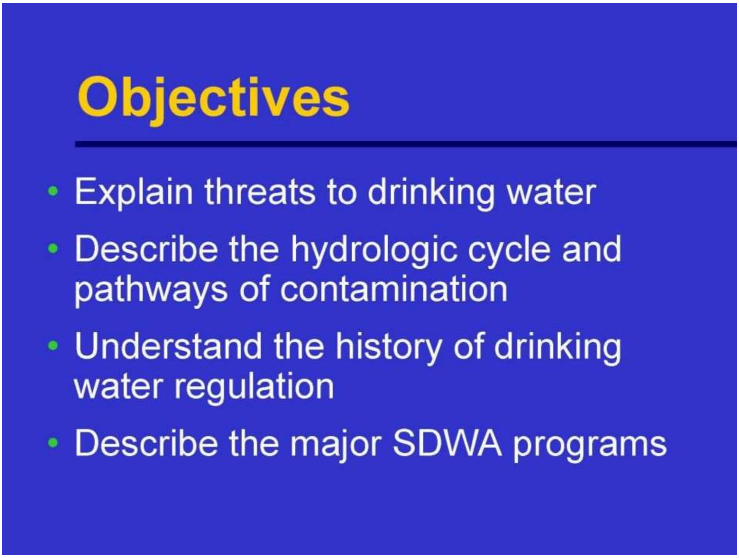
Dietcare Lahore Monthly Bulletin of NGO 'Feed Well People'

April 2007


It is well recognized that the prevalence of water-borne diseases can be greatly reduced by provision of clean drinking water and safe disposal of feces.


WATER BORNE DISEASES
• Sultan Mahmood, PhD
• Consulting Nutritionist, FDRC
• Qarshi Foundation Hospital, Lahore
• Cell: 0321.430.2528
• PTC Continuing Education Program
• Qarshi Lahore Office
• December 01, 2008


An Overview
of the
Safe Drinking
Water
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
DRINKING WATER ACADEMY
DWA


Objectives
• Explain threats to drinking water
• Describe the hydrologic cycle and pathways of contamination
• Understand the history of drinking water regulation
• Describe the major SDWA programs

Threats to Drinking Water

Contaminants and Health Effects

Discussion

- What contaminants pose a public health threat to your daily water?
- Do threats from public and private water supplies differ?
- What are the effects of these potential health threats?

Contaminant Effects

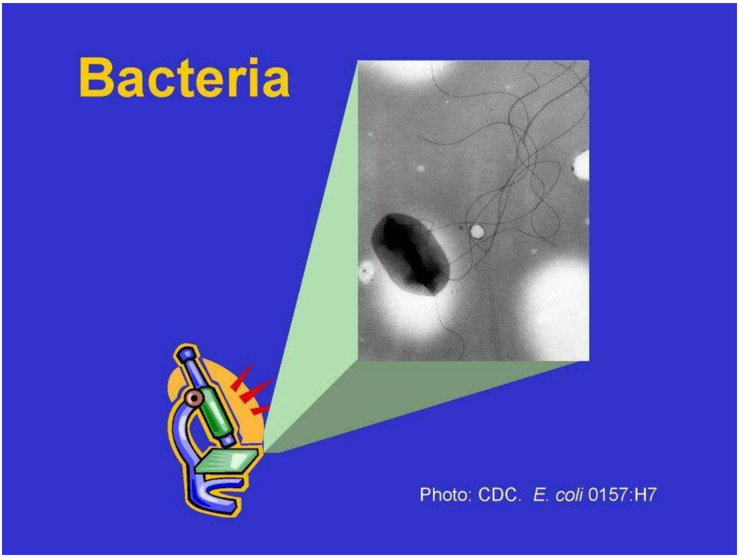
- Acute health effects

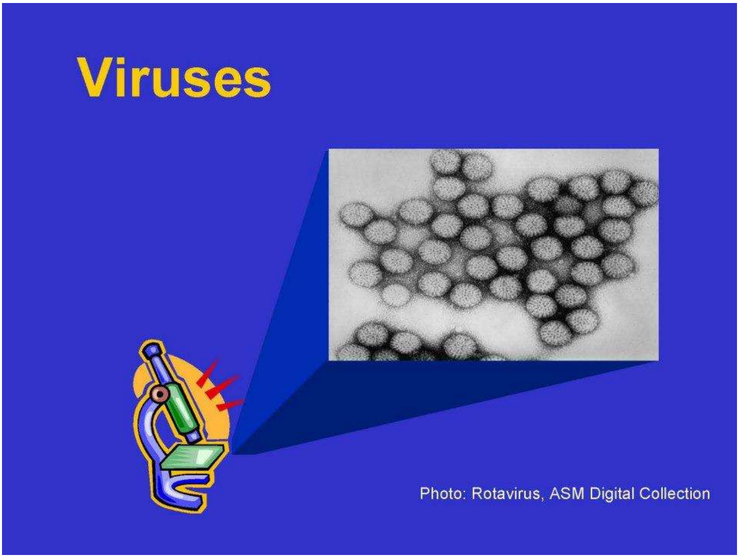
- Chronic health effects

- Aesthetic concerns

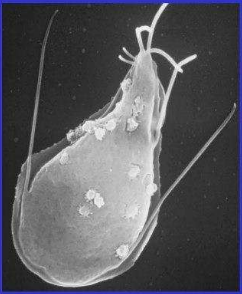
Types of Pathogens

- Viruses (e.g., Norwalk virus, rotaviruses)
- Bacteria (e.g., *Shigella, E.coli*)
- Parasites, protozoa and cysts (e.g., *Giardia lamblia, Cryptosporidium*)


Bacteria
Photo: CDC. E. coli 0157:H7


Viruses
Photo: Rotavirus, ASM Digital Collection

Protozoa



Giardia

Cryptosporidium

Hazardous Contaminants

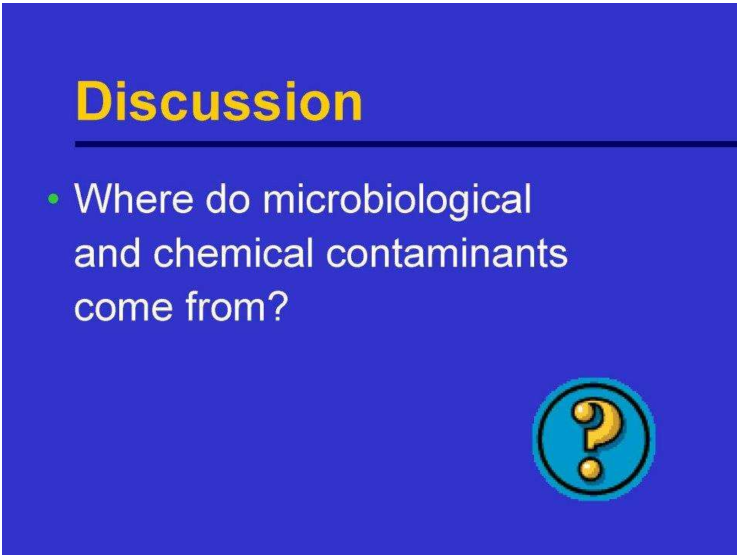
- Water-borne cysts and spores like giardia and cryptosporidium
- Industrial volatile organic compounds (VOCs)
- Agricultural synthetic organic compounds (SOCs)
- DDT
- Detergents
- Pesticides
- Aluminum
- Chlorine
- Asbestos
- Cadmium
- Copper
- Lead
- Mercury
- Radon 22
- Silt
- Sand

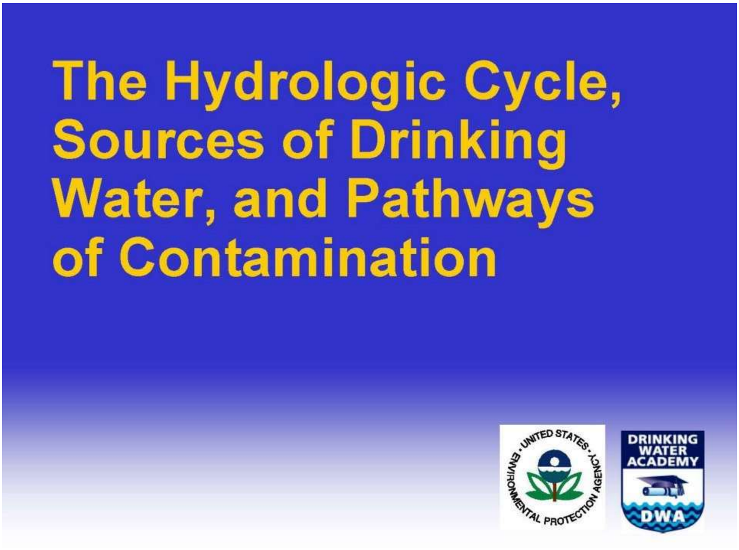
Water Borne Diseases

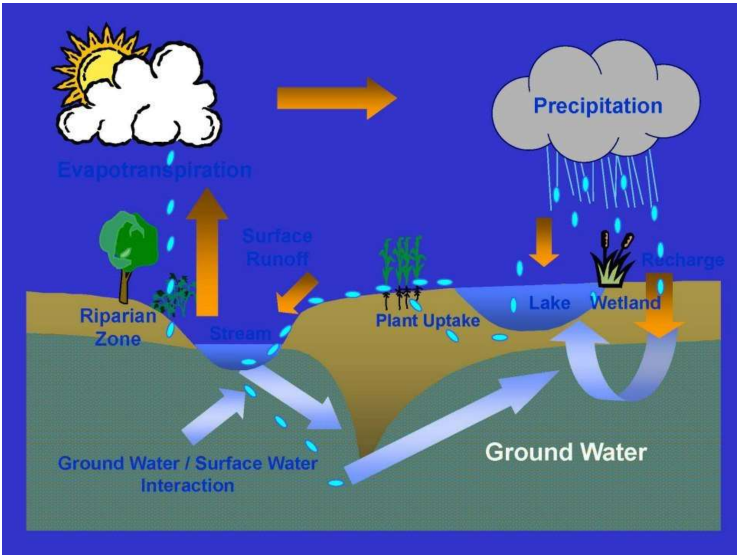
Anemia	Arsenicosis	Ascariasis	Botulism
Campylobacteriosis	Cholera	Cryptosporiodiosis	Cyanobacterial toxins
Dengue	Diarrhoea	Dracunculiasis	Fluorosis
Giardiasis	Hepatitis	Hookworm infection	Japanese encephalitis
Lead poisoning	Legionellosis	Leptospirosis	Lymphatic filariasis
Malaria	Malnutrition	Methaemoglobinemia	Onchocerciasis
Polio	Ring Worm	Scabies	Schistomiasis
Trachoma	Trichuriasis	Typhoid	SARS

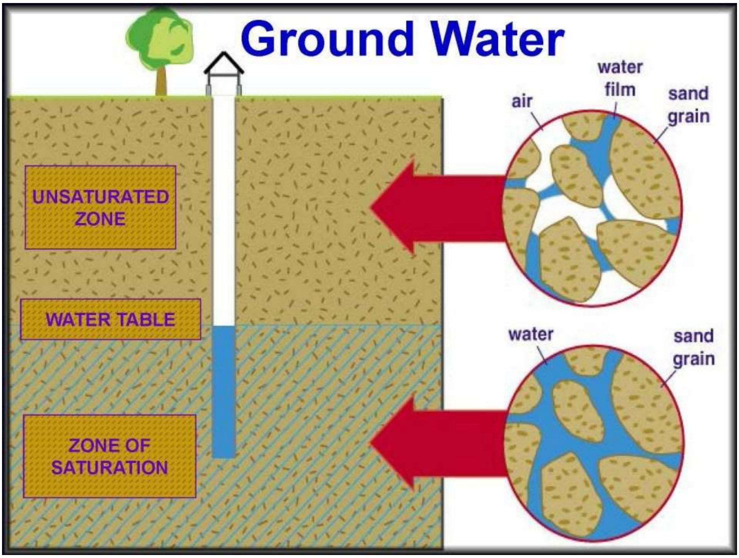
Types of Contaminants Causing Chronic Health Effects

- Volatile organic chemicals (VOCs)
- Inorganic chemicals (IOCs)
- Synthetic organic chemicals (SOCs)
- Radionuclides


Discussion
Where do microbiological and chemical contaminants come from?


The Hydrologic Cycle, Sources of Drinking Water, and Pathways of Contamination
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
DRINKING WATER ACADEMY
DWA


Precipitation
Evapotranspiration
Surface
Runoff
Recharge
Lake
Wetland
Riparian
Zone
Stream
Plant Uptake
Ground Water / Surface Water
Interaction
Ground Water

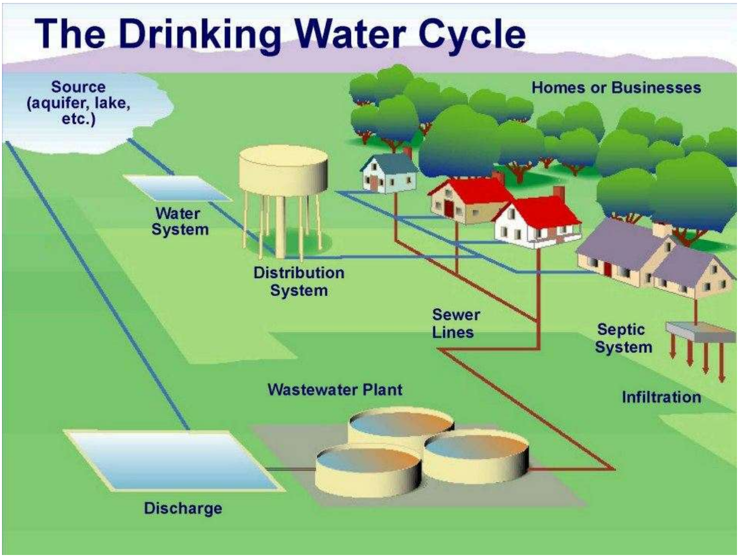

Ground Water
water
film
air
sand
grain
UNSATURATED
ZONE
WATER TABLE
ZONE OF
SATURATION
water
sand
grain

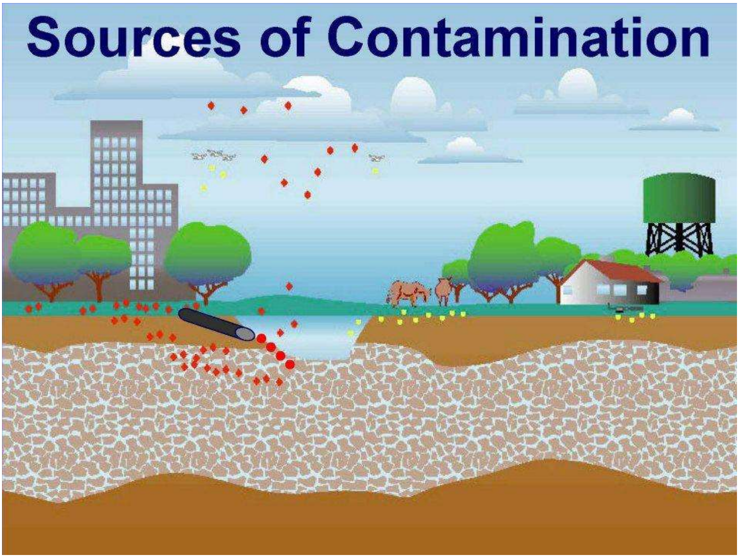
Discussion

- Name as many sources of drinking water as possible

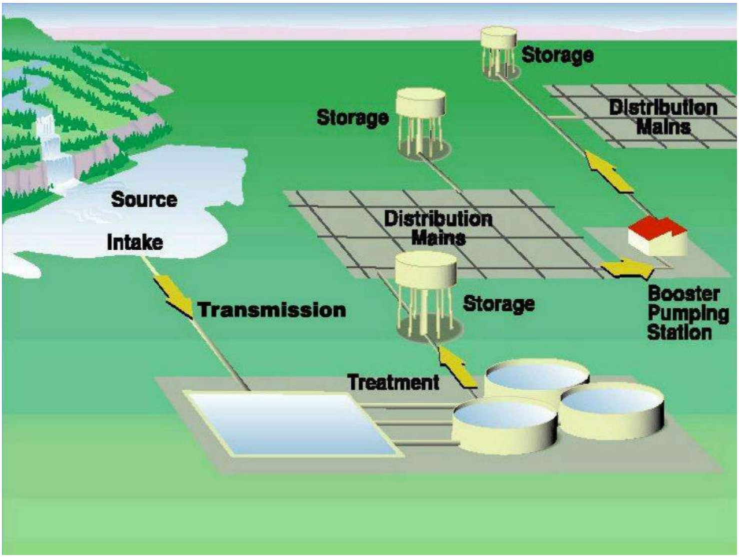
Sources of Drinking Water

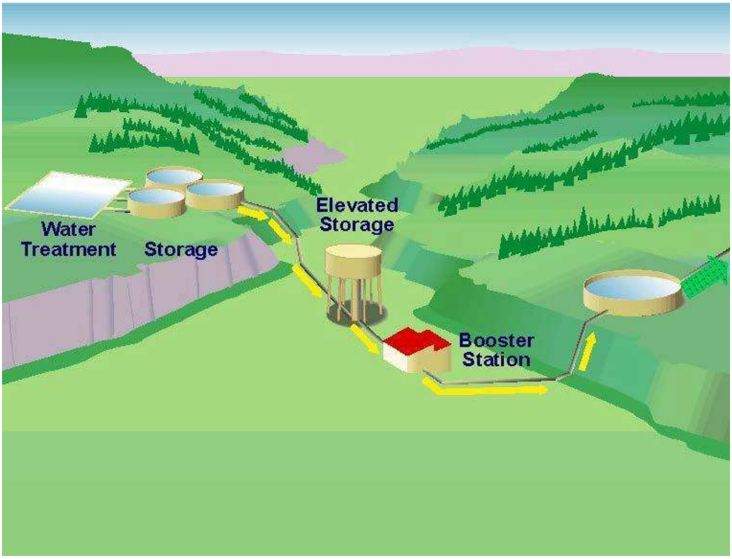
- Surface water
- Ground water
- Ground water under the direct influence of surface water
- Desalinated sea water
- Rain water

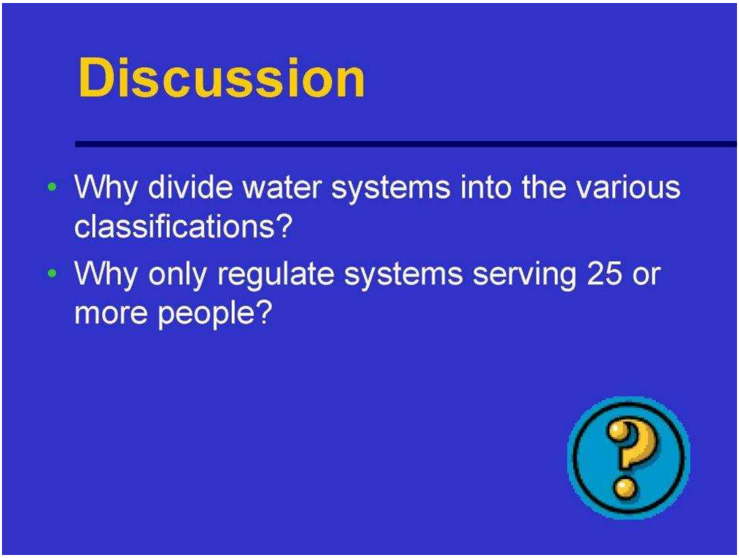

The Drinking Water Cycle
Source (aquifer, lake, etc.)
Homes or Businesses
Water System
Distribution System
Sewer Lines
Septic System
Infiltration
Wastewater Plant
Discharge

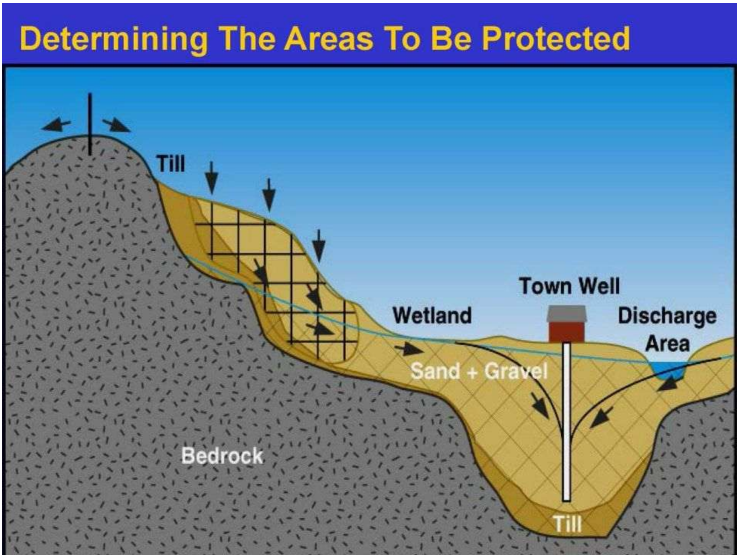

Sources of Contamination

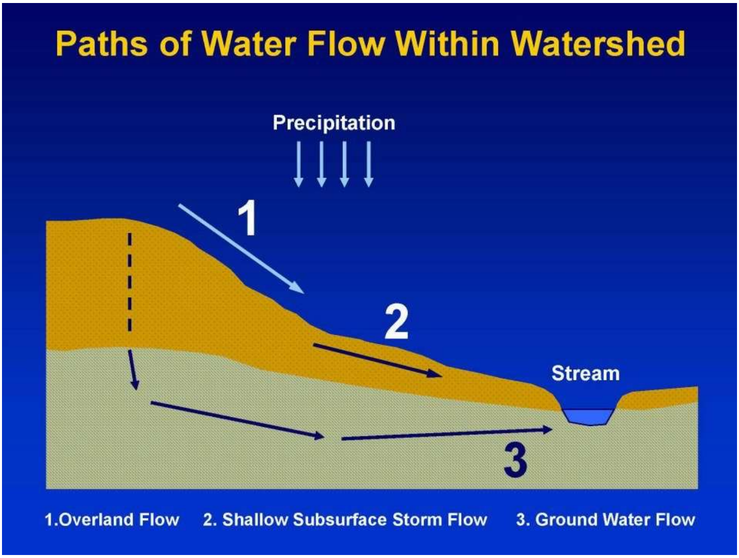
What Is a Water System and How Is it Regulated?




Water
Treatment
Storage
Elevated
Storage
Booster
Station


Discussion
• Why divide water systems into the various classifications?
• Why only regulate systems serving 25 or more people?
?


Determining The Areas To Be Protected
Till
Town Well
Wetland
Discharge
Area
Sand + Gravel
Bedrock
Till


Paths of Water Flow Within Watershed
Precipitation
1
2
Stream
3
1.Overland Flow
2. Shallow Subsurface Storm Flow
3. Ground Water Flow

SDWA Programs Today

- Protect public health through:
  - Contaminant standard setting
  - Source water protection
  - Underground injection control
  - Public water system supervision

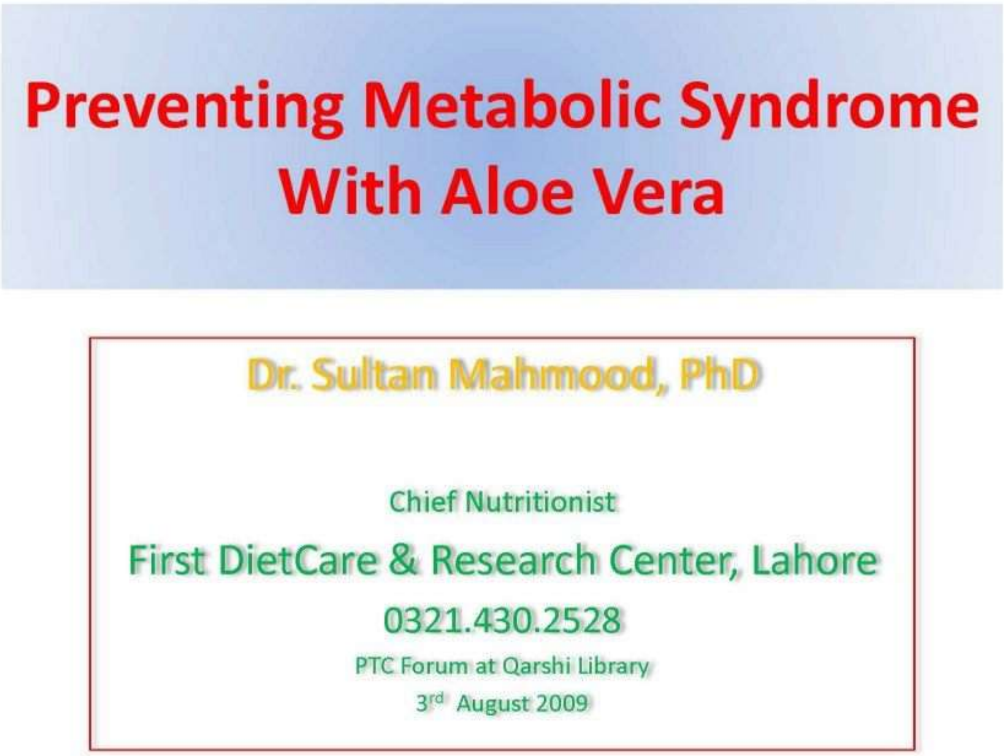
Methods of Disinfection

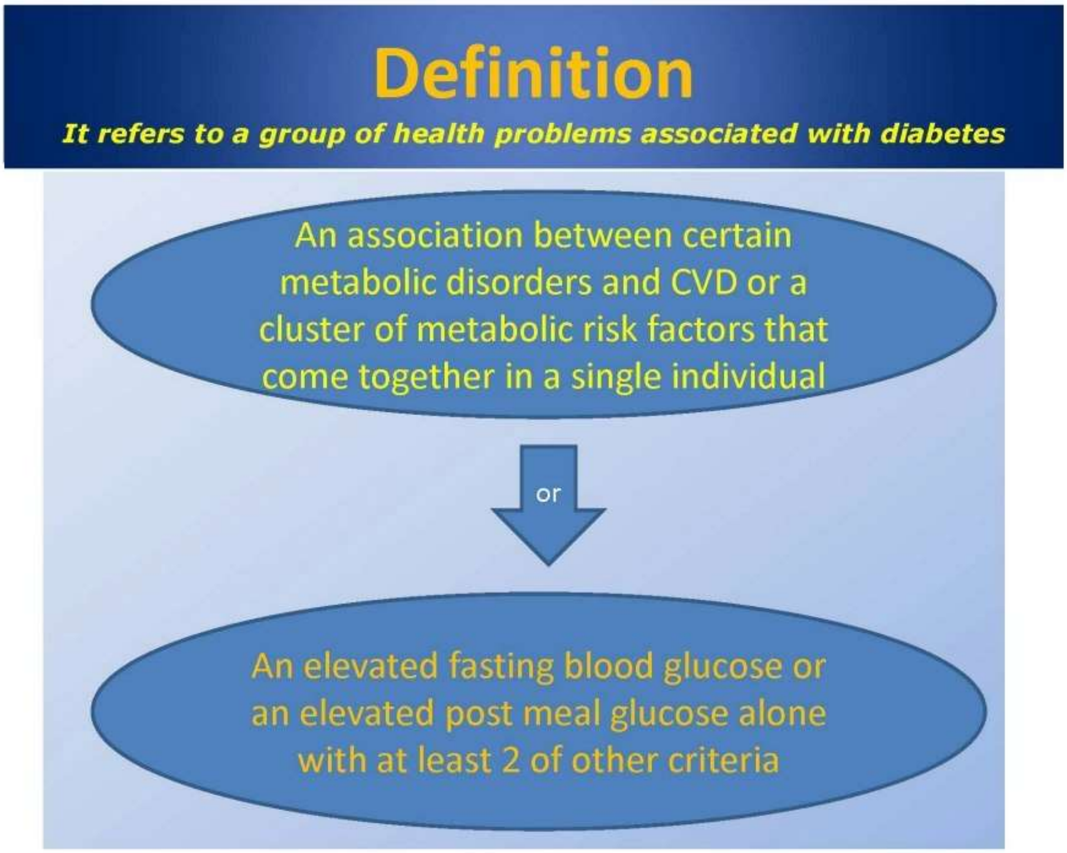
It is well recognized that the prevalence of water-borne diseases can be greatly reduced by provision of clean drinking water and safe disposal of feces.

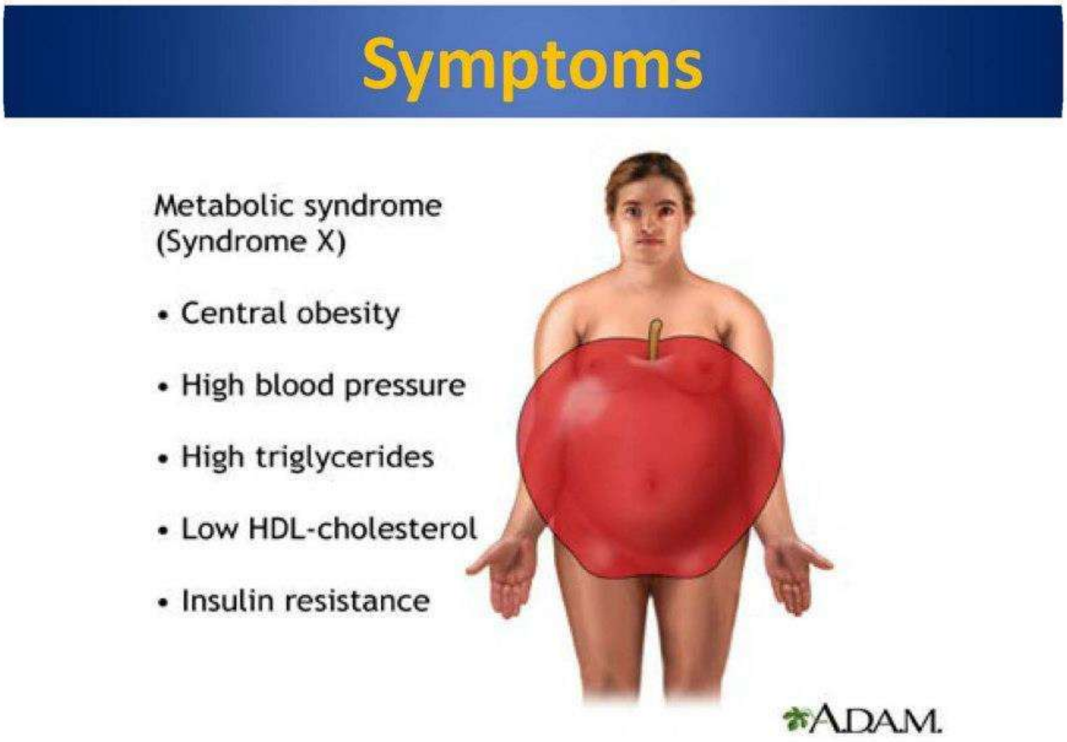
The two most common methods to kill microorganisms in the water supply are:

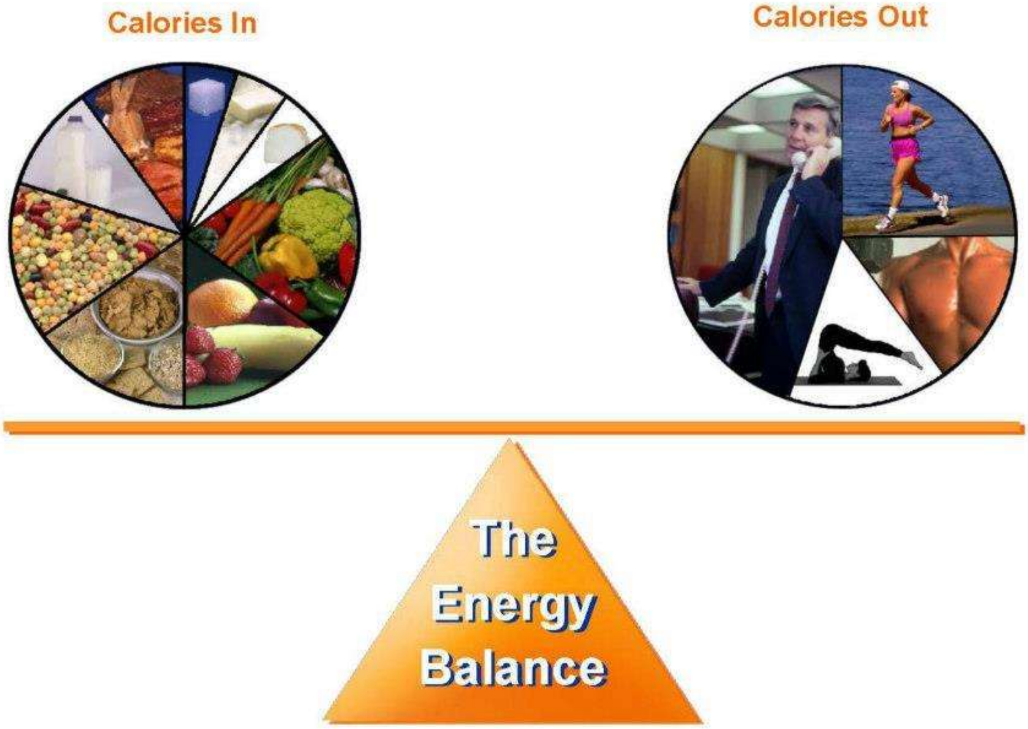
1. Oxidation with chemicals such as chlorine, chlorine dioxide or ozone

2. Ultra-Violet Irradiation


Preventing Metabolic Syndrome
With Aloe Vera
Dr. Sultan Mahmood, PhD
Chief Nutritionist
First DietCare & Research Center, Lahore
0321.430.2528
PTC Forum at Qarshi Library
3rd August 2009


Definition
It refers to a group of health problems associated with diabetes
An association between certain metabolic disorders and CVD or a cluster of metabolic risk factors that come together in a single individual
or
An elevated fasting blood glucose or an elevated post meal glucose alone with at least 2 of other criteria


Symptoms
Metabolic syndrome
(Syndrome X)
• Central obesity
• High blood pressure
• High triglycerides
• Low HDL-cholesterol
• Insulin resistance
ADAM.


Calories In
Calories Out
The
Energy
Balance

Why it is?

Who is Victim?

Any three of the following traits in the same individual

Abdominal obesity	Waist over 90 cm (36 inches) in men and over 80 cm (32 inches) in women
Serum triglycerides	150 mg/dl or above
HDL cholesterol	40mg/dl or lower in men and 50mg/dl or lower in women
Blood pressure	130/85 or more
Fasting blood glucose	110 mg/dl or above. (100 mg/dl in Pakistan)

Options to Control MS

1. By medicines
2. By changing lifestyle
3. By diet

Option 1: By Medicines

It is not wise to be:

- Slave of 6 medicines daily lifelong
- Victim of side effects
- Budgetary run-off
- Unsatisfied

Option 2: Lifestyle Modification

It is best option, but:

- Have to go long way
- Difficult
- Depends on actions & commitment

Option 3: By Diet

It is:

- Easy
- Cost effective
- Permanent

But Which Diet?

Should you:

- Come on a customized diet?
- Eating more minerals & vitamins?
- Take special amino acids?
- Preventions?

Use Herb / Vegetable

Above all herbs & foods is

ALOE VERA

TOP 10 REASONS TO DRINK ALOE VERA GEL

1. Body-Building Blocks
2. Anti-inflammatory Properties
3. Daily Dose of Vitamins
4. Daily Dose of Minerals
5. Collagen and Elastin Repair
6. Regulates Weight and Energy Levels
7. Immune Support and Function
8. Aids in Healthy Digestion
9. Provides Rapid Soothing
10. Dental Health and Hygiene

Effects of Aloe Vera Drink

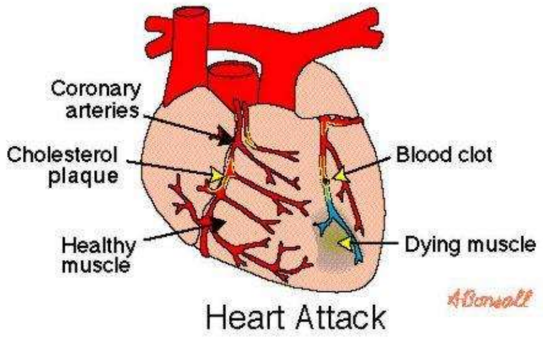
Aloe Vera drink has shown strong commitment to control Metabolic Syndrome in the following way*:

Abdominal obesity	Reduced waist 43 inches to 36 inches in men and 40 to 32 inches in women
Serum triglycerides	Reduced 250 to 150 mg/dl
HDL cholesterol	Increased 30 to 36 mg/dl in men and 35 to 45 mg/dl in women
Blood pressure	Reduced 180/105 to 130/85
Fasting blood glucose	Reduced 240 to 110 mg/dl

**References Available*

KRAFT Healthy Living

Avoid Heart Attack



Aloe Vera

FAIR TRADE CERTIFIED™

Thank You

TrimFast
Schazoo Zaka (Pvt) Ltd.
Schazoo House, 45-C.T. Road, Lahore-Pakistan.
U.A.N 111-666-600 Fax: (+92-42) 6841003
email:szl@schazoo.com URL: www.schazoo.com

2x7's ENCID 20 Capsules (Omeprazole 20 mg)
WILSON'S

Swazole (Omeprazole 20 mg) 14 Capsules Manufactured by: Convell Laboratories
Saidu Sharif, Swat, Pakistan

Water Purity for Your Security

Dr. Maoshing Ni

Native water of every inhabitant is responsible for his health and longevity. What they all have in common is pure water sources located far from any city, free from chemicals and toxins. Tap water in urban areas contains pesticides, industrial pollutants, chlorine, fluoride, and other chemicals. Well water and mountain streams in some parts of the countryside are not much better because of the acid rain and toxic levels of minerals present in groundwater.

Your safest bet is filtered water. There are many different kinds of filtration processes available for removing contaminants. The best kinds use activated charcoal, which removes the impurities but leaves the water-soluble minerals. Avoid water softeners, which take away essential minerals. Also do not store water in plastic containers because the polychlorinated biphenyls (PCBs) can leach into the water.

Water for Weight Loss

Our body requires a certain amount to maintain our blood osmotic levels, provide the medium for circulating and excreting waste products, and cleansing the interstitial tissues. That being said, water is also a key to losing weight. For example, in low-carbohydrate diets, it is recommended and often mandated to drink at least 80ounces (10 glasses) or more of water every day.

This is actually in order to help with the removal of the ketons, an acidic particle residue produced when converting fat into sugar in the body for energy metabolism, from the body. Protein-rich diets also have a tendency to produce kidney and gall stones - extra water intake reduces the risk of these. It is healthiest to drink pure, room temperature water.

Aromatic Flavored Water

Crush some fresh basil and mint leaves, put them in a large carafe, add room temperature water, and let this mixture sit for half of an hour. Then add one tablespoon of honey and mix. This is an aromatic and refreshing drink to accompany any meal.

Water as Human Right

People's Health Movement, Egypt

People's Health Movement (PHM), a Secretariat of which is located for the next five years in Egypt seeks you to urgently support the following statement on the right to water. This is the statement which PHM presented to the Second Summit of Heads of States of the Community of South American Nations, took place in Cochabamba, Bolivia from Dec. 8-9, 2006. The signed-on statement and list of signatories were distributed to all 12 heads of state in Bolivia.

Statement:

This proposal calls for a: South American convention for human rights and access for all living beings to water, as a region privileged with 27% of fresh water supplies in the world, we need to discuss and approve a South American Convention on Water that guarantees access to this vital resource to all living beings. We need to preserve water, in its different uses, from processes of privatizations and the market logic that are imposed in trade agreements. We are convinced that this South American treaty on Water would be a decisive step towards a Global Convention on Water.

Our organizations endorse this position and insist governments work with social movements to ensure democratic participation in reaching these ends. We renew our call for an international water convention which guarantees people's right to water, protects our environment, prevents interference and abuses by corporations, trade agreements and international financial institutions, and supports governments to meet this responsibility.

We affirm that water belongs to the earth and all species for all time. It is an inalienable human right and a public trust to be protected and nurtured by all people, communities and nations.

Signed by: Forum for Environment, Economic Development and Welfare of People (Feed Well People), Lahore, Pakistan.

Chief Editor
Dr. Sultan Mahmood
PhD Nutrition, Poland
Post Doctorate (Denmark / USA)
Ex-Consultant:
FAO, UNDP, ADB, WB, GTZ, GOP
Chief Nutritionist
FIRST DIETCARE & RESEARCH CENTER
324-B, New Chouburji Park,
Lahore 54500 Pakistan
Ph: 042 615 9662 Cell:0321 430 2628
dietcare@gmail.com<www.feedwell.org>
© Copyrights 2007. All Rights Reserved.

The information contained in the Dietcare is pooled from reliable global resources of Food, Diet & Nutrition. It is not necessarily the personal or institutional opinion of the NGO Feed Well People.
The Forum for Environment, Economic Development and welfare of People (Feed Well People) is non profit social advocacy NGO and monthly Dietcare is its official organ. Feed Well People mounts continuing education programs in health, environment, education, economics. It presses for changes in government and corporate policies.

سبز چائے کے فوائد

تحقیق و تلخیص: ایس ایم فائق

جدید تحقیق

سبز چائے کی اصل طاقت

سبز چائے میں یہ طاقت کہاں سے آتی ہے؟

Dr. Sultan's Diet

اچھا ناشتہ.....صحت کیلئے ضروری

اچھا ناشتہ کرنے سے میٹابولزم کے اندر کیلوری کو جلانے کی شرح بھی تیز ہو جاتی ہے

تحقیق و تلخیص: ایس ایم فائق

اچھی شروعات

چند تجاویز

Pomegranate (Anar)

Brimming with polyphenols, pomegranate contains special compounds with enough antioxidant power to safeguard your overall health! Pomegranate also contains tannins, which promote cardiovascular health and support healthy aging and are high in vitamin C.

FORUM FOR ENVIRONMENT & ECONOMIC DEVELOPMENT & WELFARE OF PEOPLE
Feed Well People is a non-profit, non-political national NGO striving hard for the environmental up-gradation and economic development of the masses of Pakistan on self-help basis.
Office: 324-B, New Chouburji Park, Lahore.

Are You Getting Enough Calcium?

Harvard School of Health, USA

Calcium is a vital part of every diet, but many people are not getting all the calcium they need for healthy teeth and bones. Nutritionists recommend that women aged from 11 to 18 consume no less than 800 mg of calcium every day, and that those aged 19 and older get at least 700 mg of calcium every day. Calcium is vital to healthy teeth and bones, and to preventing such complications as osteoporosis.

Why You Need Calcium

Calcium is the most abundant mineral in the human body, and it accounts for from 1.5 to 2% of the average person's total body weight. The vast majority of calcium in the body, a full 99%, is concentrated in the bones and the teeth, with the remaining 1% distributed throughout the bloodstream, muscles and other body tissues. It is crucial that the body have a steady supply of calcium to draw from at all times.

Milk is the single most important source of calcium, and few foods are as rich in calcium and as healthy as is milk. In addition to calcium, milk contains significant amounts of phosphorus, magnesium and potassium. These elements are vital, since they help the body absorb and more readily use the calcium in the diet. In addition, milk contains vitamin D, which is also vital for the utilization of dietary calcium. In addition to milk, vitamin D is derived from sunlight, and from the consumption of meat, canned fish with bones, tofu and green leafy vegetables.

Milk in a Healthy Diet

While many other foods also contain calcium, milk and dairy products have more concentrated levels of calcium, and it is difficult to get the necessary 700-800 mg of calcium without milk in the diet. In order to replace the calcium in a single glass of skim milk it would be necessary to eat three servings of spinach, nine boiled eggs, five large servings of broccoli or 20 servings of lettuce.

Nutritionists recommend that Adults drink three and a half glasses(3.5) of milk every day in order to get the amount of calcium they need in their diet. There are many ways to get that milk besides drinking it plain. For instance, many people find that mixing their milk with a couple of spoons of honey and mixing it in the blender makes a delicious and nutritious smoothie. In addition, milk can be added to your favorite recipes, and used in your daily coffee.

Cut the Fat

Of course getting the calcium your need is important, but so is cutting the fat in the diet. A high fat diet has been implicated in obesity, diabetes, heart disease and other serious medical conditions, so it is important to avoid fat while getting the calcium you need. That is why it is so important to seek out low fat and nonfat dairy products whenever you can. Doing so will allow you to get all the calcium you need without consuming more fat than you need.

oooooooo

Mangosteen

Mangosteen a heart-healthy fruit from *Garcinia mangostana*, a small tree native to tropical Malaysia. Found as small berries, 2 to 3 inches in diameter, they are a natural source of antioxidants called xanthones that help protect your body from free-radical damage and promote a healthy immune system. Best of all, animal research suggests that xanthones may support optimal cardiovascular health.

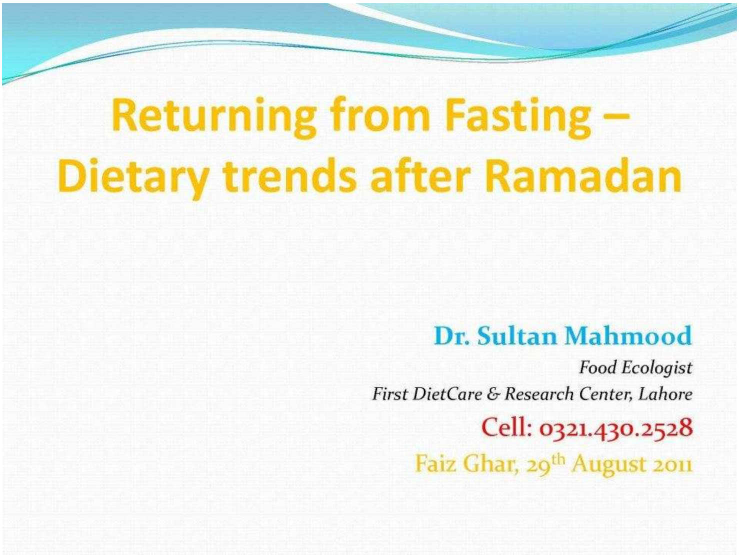
Letters to Editor

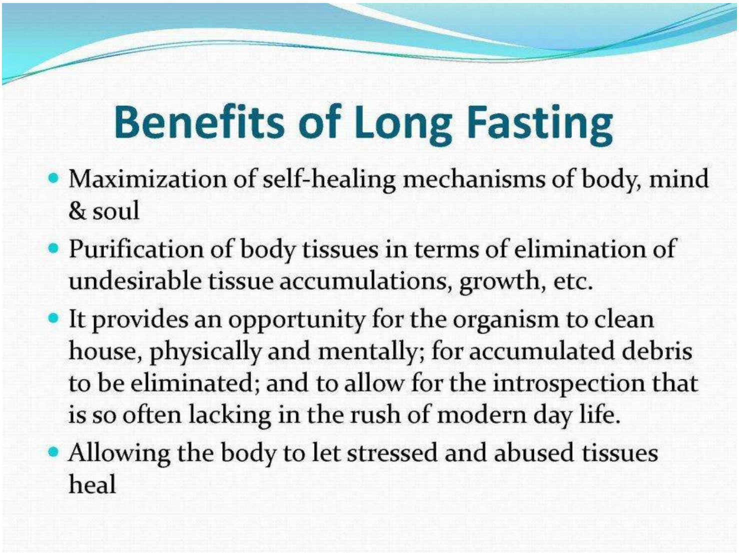
Q I read the article "Why fish should you eat?" published in January 2007 issue. Flaxseeds also contain Omega-3 fatty acids and are too cheap. Its dose is one heaped tablespoon per day when ground. What's about our local cold water fish e.g. Trout, Roho, Maha, Sher, Malhee, Sanghara, Khagga? Does anyone of these contain Omega-3 or Omega-6 fatty acids? We eat fish after deep frying oil. Does not in this way we burn the fatty acids it contains. Please tell me how to cook fish so that acids remain in tact.. Also please inform whether "Seven Seas Cod Liver Oil" available at drug stores lowers the cholesterol or it is only Vitamin A & D. ?(Homeo Physician, Naveed ur Rahman, Lahore)

A Thanks fr taking interest in 'Dietcare'. You are right that flaxseed contains omega-3 but our article was speaking about animal sources of omega-3. As per policy of 'Dietcare' only authentic and published research is picked up, so unfortunately no such matter we could see about our local fish. Cooking methods are always as important as the profile of food nutrients. Regarding 'seven seas capsules' they contain mostly processed mix fish oils, hence we are doubtful about the presence of omega-3 or 6 fatty acids. You will receive regularly the future issues of 'Dietcare'.

ماہنامہ ڈائٹ کیئر لاہور
FDRC
Dietcare
Monthly News Bulletin since 1997
FDRC/2007/08
August 2007
گوشت خوری سے گریز.......؟
The Health Benefits of Green Tea
www.ediet.com
Editorial
Use-it-or-lose-it
Dietcare Lahore Monthly Bulletin of NGO 'Feed Well People'

Green tea
MEGA Gaining Fuel
اعلان
Children pay the price for lack of safe water and sanitation
http://www.unicef.org/media/media 36034.html
پینے کا صاف پانی
Why is a personalized diet important?
Flaxseed (Alsi)
Dietcare Lahore Monthly Bulletin of NGO 'Feed Well People'
August 2007


Returning from Fasting –
Dietary trends after Ramadan
Dr. Sultan Mahmood
Food Ecologist
First DietCare & Research Center, Lahore
Cell: 0321.430.2528
Faiz Ghar, 29th August 2011


Benefits of Long Fasting
Maximization of self-healing mechanisms of body, mind & soul
Purification of body tissues in terms of elimination of undesirable tissue accumulations, growth, etc.
It provides an opportunity for the organism to clean house, physically and mentally; for accumulated debris to be eliminated; and to allow for the introspection that is so often lacking in the rush of modern day life.
Allowing the body to let stressed and abused tissues heal

Benefits of Long Fasting
Compromising the GIT with long fasting
Quick restoration of a state of higher health
Body, mind & soul are trained for continued fasting
Controlled feeding after long fasting results in cellular proliferation, which restores normal gastrointestinal architecture and function appropriately after 3-5 days
Fasting is used for what might be termed as rejuvenescence (over-hauling of the body engine)

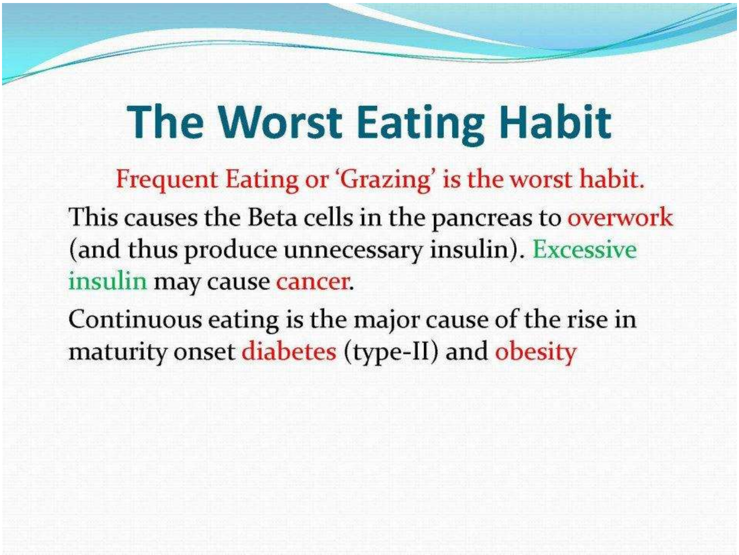
Free from Diseases
The scientific and medical literature contains literally hundreds of papers dealing with the therapeutic use of fasting. It has been extensively used in the treatment of a variety of conditions, including:
Obesity
Diabetes
Epilepsy
Atherosclerotic vascular disease
Congestive heart failure
Cancer
Autoimmune disease such as rheumatoid arthritis
Psychiatric disorders including schizophrenia, and
Also it is a desensitization tool in the treatment of hypersensitivity and allergies

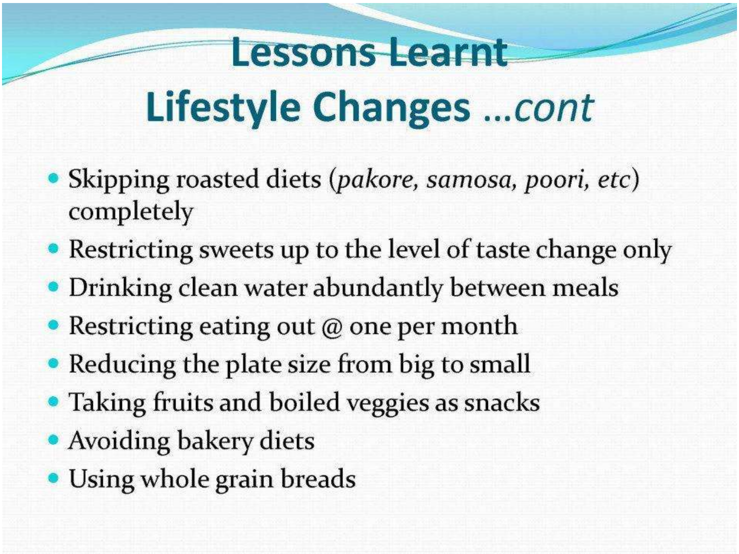
How to Return from Fasting

- The **most important** period of the fast is the initial **re-feeding**.
- **Too rapid** return to food and activity can spell **disaster.**
- Materials that have been mobilized during the fast must be **eliminated**.
- **Improper feeding** or activity after the fast can seriously disrupt this process.

Lessons Learnt
Lifestyle Changes After Ramadan

- After Ramadan fasting, continue following practices for the next 11 months:
  - Skipping lunch and replacing it with light snack
  - Breakfasting heavy before 8 am daily
  - Dinner before 7 pm daily
  - Restricting tea intake up to 2 cups daily
  - Walking briskly for 30 minutes daily 1 hr after dinner
  - Walking moderately before breakfast for 30 min daily
  - Skipping fizzy drinks completely or @ I drink monthly


The Worst Eating Habit
Frequent Eating or 'Grazing' is the worst habit.
This causes the Beta cells in the pancreas to overwork (and thus produce unnecessary insulin). Excessive insulin may cause cancer.
Continuous eating is the major cause of the rise in maturity onset diabetes (type-II) and obesity


Lessons Learnt
Lifestyle Changes ...cont
Skipping roasted diets (pakore, samosa, poori, etc) completely
Restricting sweets up to the level of taste change only
Drinking clean water abundantly between meals
Restricting eating out @ one per month
Reducing the plate size from big to small
Taking fruits and boiled veggies as snacks
Avoiding bakery diets
Using whole grain breads

Lessons Learnt
Lifestyle Changes ...*cont*

- Hosting the guests with simple snacks without fizzy drinks, sweets and bakery diets
- Adding 'compot' with each meal (it is residual warm water after boiling some selected fruits without adding sugar
- Using salads without adding mayonnaise or creams
- Least spices – up to the level of simplest taste

Please Understand Metabolism

During fasting **insulin drops** and the pancreas releases **glucagon**. Glucagon raises the blood sugar and tells the heart to **stop burning sugar** and **start burning fat**; the heart is an only obligate fat burning organ **but only burns fat when the glucagon is switched on** (i.e., only during fasting).

Dominance of glucagon metabolism over insulin (in terms of time) **slows down the aging process**, raises the good **lipoproteins** (HDL) and slows down the rate of **vascular atheroma** development. Hence it lowers the risk of **stroke** and **heart attacks**

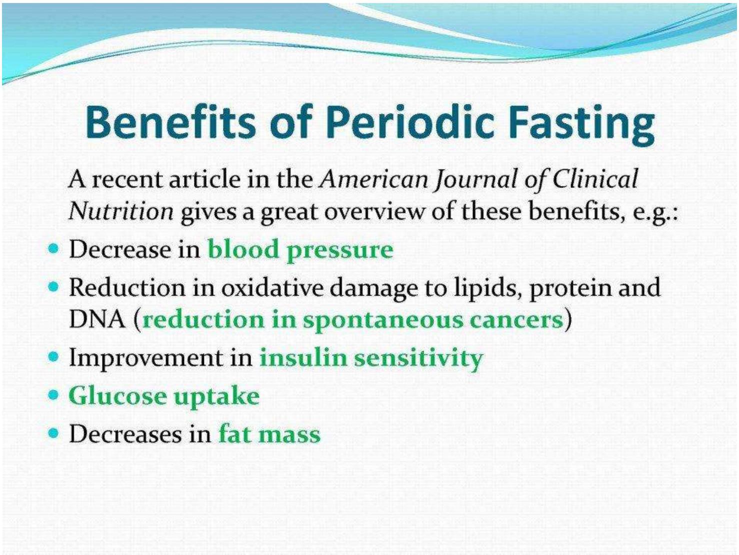
Take Home Message

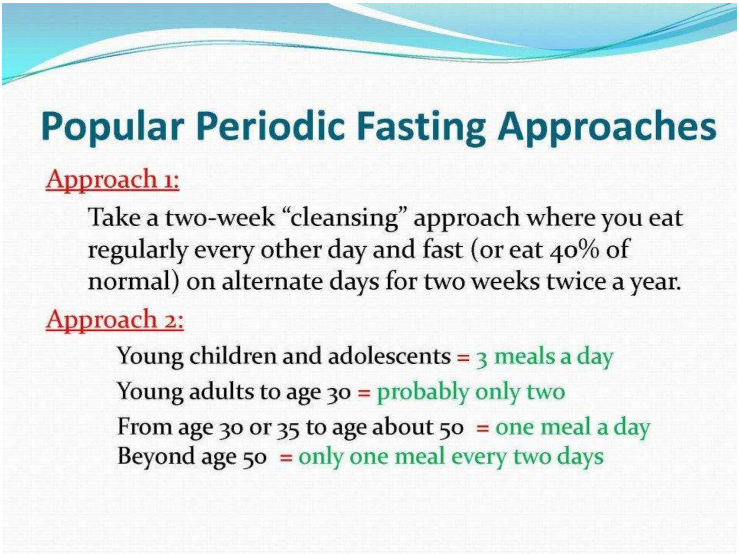
1. **Permanent** change in body is the true core of fasting health benefits. *The key is learning from fasting is to eat to live, not live to eat.*
2. **Continue Fitness Through Intermittent Fasting**
3. Avoid that point to come where the benefits decrease and losses increase.
4. Numerous animal and human studies done over the past 15 years suggest that **periodic fasting** can have dramatic results not only in areas of weight (fat) loss, but in overall health and longevity as well.

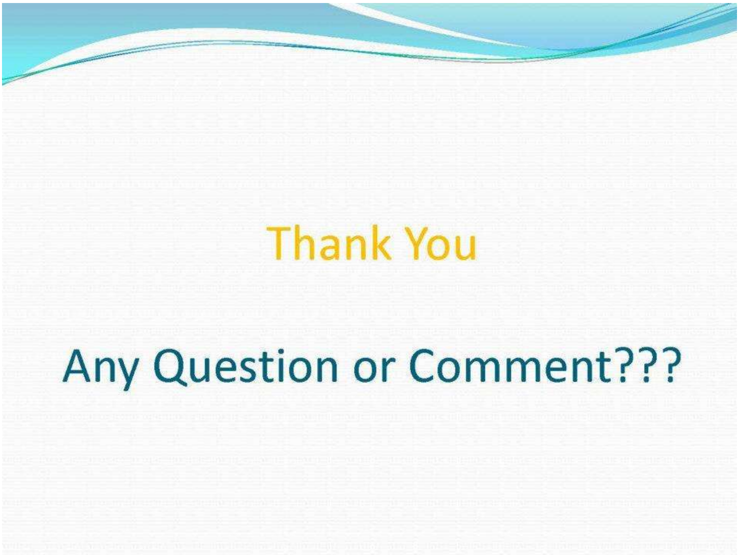
Benefits of Periodic Fasting

Fasting for weight loss and detoxification also:

- Increases **mental clarity**
- Relieves **depression** and
- Gives the person a powerful window of opportunity to make permanent **eating-habit changes**.
- Opens doors to **insight** and **spiritual** understanding that does not surface while one is constantly gorging or grazing


Benefits of Periodic Fasting
A recent article in the American Journal of Clinical Nutrition gives a great overview of these benefits, e.g.:
Decrease in blood pressure
Reduction in oxidative damage to lipids, protein and DNA (reduction in spontaneous cancers)
Improvement in insulin sensitivity
Glucose uptake
Decreases in fat mass


Popular Periodic Fasting Approaches
Approach 1:
Take a two-week "cleansing" approach where you eat regularly every other day and fast (or eat 40% of normal) on alternate days for two weeks twice a year.
Approach 2:
Young children and adolescents = 3 meals a day
Young adults to age 30 = probably only two
From age 30 or 35 to age about 50 = one meal a day
Beyond age 50 = only one meal every two days


Thank You
Any Question or Comment???

ذاتیات، غذائیات، حیوانیات، ماحولیات، سیاسیات، مزاحیات اور ادبیات پر مبنی ایک بے مثال فکری مسافت

فکرِ سلطان

ڈاکٹر سلطان محمود

2

سیریز دوم: غذا اور صحت

فکرِ سلطان

ECOCARE Consultancy Services (Pvt) Ltd.

ENVIRONMENT CONSULTANTS ASSOCIATION OF PAKISTAN — ECAP

SOCIETY OF ANIMAL SCIENCES — University of Agriculture Faisalabad

PAKISTAN ACADEMY OF FAMILY PHYSICIANS — PAFP ©

ڈاکٹر سلطان محمود نے سائنسی انداز میں تحریکی کارکن بن کر غذائی تحفظ کی عالمی خود مختار تحریک کو مقامی رہنما کے طور پر پاکستان میں ایک غیر معمولی موڑ دیا ہے جس کے نتیجے میں ان کے افکار اور عملی جدوجہد نے 'فکر سلطان' جیسی ایک طاقتور دستاویزی سیریز جنم دی ہے۔ اس میں وہ اپنی آدھی صدی کی شبانہ روز کوشش کو شاندار کہانی کے طور پر بیان کرتے ہوئے اہم معلومات سے بھری وہ تاریخ بھی بیان کر رہے ہیں جو ملک عزیز کے غیر مستحکم حالات کے باوجود مقامی اور نچلی سطح کے مسائل کو قومی اور عالمی سطح پر کچھ اس انداز سے اٹھا لے جاتے ہیں کہ جہاں وہ حیاتیاتی تنوع یا بائیوڈائیورسٹی کی ہئیت تبدیل کئے بغیر کارپوریٹ تسلط کے ساتھ جنگ کرتے نظر آتے ہیں۔ یہاں یہ بھی واضح ہو جاتا ہے کہ ڈویلپمنٹ مافیا کے خلاف کس طرح نچلی سطح کی لڑائی کو اٹھا کر قومی اور عالمی سطح پر لے جایا جاتا ہے۔ ان کی یہ سوچ بھی قابل داد ہے کہ دنیا بھر میں مقامی سطح کی کمیونٹی ہمیشہ مقدس اور خود مختار ہونی چاہیئے تاکہ وہ اپنے علم اور حقوق کو حاصل کر کے مستقبل کی دنیا کی حقیقی کہانی کا نقشہ ترتیب دے سکے۔

ڈاکٹر سلطان محمود

مفکر، محقق اور نقاد

"فکرِ سلطان" کی تمام سیریز آفیشل ویب پر موجود ہیں

ISBN
9 789697 431625 >

ذاتیات، غذائیات، حیوانیات، ماحولیات، سیاسیات، مزاحیات اور ادبیات پر مبنی ایک بے مثال فکری مسافت

ڈاکٹر سلطان محمود، مینیجنگ ڈائریکٹر، ایکو کیئر کنسلٹنسی سروسز، لاہور۔ بانی انوائرنمنٹ کنسلٹنٹس ایسوسی ایشن پاکستان؛ سوسائٹی آف اینیمل سائنسز اور ایگزیکٹو پاکستان اکیڈیمی آف فیملی فزیشنز

Mobile | +92 321 4302528 | Ecocare | www.ecocare.pk | ECAP | www.ecap.pk | PAFP | www.pafp.com.pk